Clinical Lectures
ON THE
NERVOUS MIMICRY OF ORGANIC DISEASES,

Delivered at St. Bartholomew's Hospital,

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LECTURE IV.

MIMICRY OF DISEASES OF JOINTS (CONTINUED).

GENTLEMEN,—If it seem strange to you that I should devote two lectures to the subject of the mimicry of diseases of joints—a subject which is usually dismissed with a few lines,—let me say that I estimate its importance by what I know to be its difficulty. I rarely pass a day without having to be very careful in the diagnosis of cases of this kind; rarely a week without seeing at least one very doubtful case, in which a diagnosis cannot be made without a complete consideration of all the symptoms discussed in the last lecture and of others to be spoken of in this. For difficulties such as these, two lectures may be tedious, but they are not superfluous.

Let us, then, go on with the symptoms of diseases of joints, and see how the mimic may be distinguished from the real. And the next shall be the wastings of limbs near the affected joints. This wasting occurs quickly in nearly all acute inflammations of joints; more slowly in the chronic inflammations. In the chronic it may be from disuse alone: in the acute it is not so; for it is much more rapid and extensive than in any cases of mere disuse. Compare, for instance, cases of fracture of the thigh with those of acute disease of the hip, and you will easily see how much greater is the wasting with acute disease than with disuse alone. Rapid wasting may be seen in the whole lower limb, especially in the thigh and the nates, in all acute hip-joint diseases; more slow wasting in the painless scrofulous diseases; less in the chronic rheumatic. Wasting in the lower part of the anterior and lateral muscles of the thigh is quickly evident in acute knee-joint disease; only less quickly in the chronic. In similar affections of the shoulder you may see it in the flatness of the deltoid and of the muscular coverings of the scapula; and I think that the same wasting occurs, in greater or less degree, in all muscles near joints that are inflamed; and the more quickly, the more acute the inflammation. It is, I repeat, not a mere wasting from disuse: it is far more rapid than that; more like what has been called acute atrophy of muscles, such as may be seen in the swiftest cases of infantile paralysis.

This process of wasting is one of singular interest in pathology. I wish I could explain it better than by calling it reflex atrophy. It seems dependent on disordered nervous influence, and often appears proportionate to the coincident pain, as if it were due to the disturbance of some nutritive nervous centre, irritated by the painful state of sensitive nerve-fibres.

But, however the wasting may be explained, it is, unhappily for our present needs, not certainly diagnostic of real joint disease. You may find it nearly as marked, though not so quickly progressive, in some nervous affections as it is in acute inflammatory joint disease. I say you *may*, not you *will*; and I cannot tell you in what nerve cases it will be found, in what be absent. I believe it is in inflammations of nerves or in inflammations involving spinal ganglia, but I cannot tell. However, as to diagnosis, you may find inflammation of the hip-joint imitated, so far as pain and wasting are concerned, by some painful affections of the sciatic nerve; inflammation of the shoulder-joint by painful affections of parts of the brachial plexus; and, more frequently, the wasting at the lower part of the thigh, which is common with acute inflammation of the knee-joint, is closely imitated in the cases of certain knee-joints which are painful but not inflamed. In the cases of this kind that I have seen there was no sign of inflammation besides the pain; no heat, no adequate swelling—if, indeed, there were any at all; the patients were nervous or hysterical, and at the end the joint was unchanged in shape and structure.

You may hold, then, that, generally, the wasting of the muscles about a suspected joint adds to the suspicion that it is or has been inflamed; but you must hold this cautiously. You must expect to meet with cases, however rarely, in which similar wasting attends pain at a joint without inflammation. But, all the more because of these cases, you may hold that if a joint has long been very painful, and yet there is no wasting of the muscles near it, it is not inflamed.

Let me tell you, by the way, that wasting at the knee is commonly produced and is always aggravated by the wearing of elastic knee-caps or tight bandages. I have often been surprised to see how quickly and to what extent these pressures will produce wasting of muscles and weakness, aggravating all the trouble consequent on injuries and diseases of joints. They will in this way do such damage that, except for comfort during active exercise, or for the purpose of reducing chronic thickenings and collections of synovial fluid in joints, I believe they ought never to be used.

Wasting, then, can be only cautiously judged as among signs of real joint-disease; it is too common in mimicry to be a safe sign of reality. And so is another sign: impaired utility, or awkward use, such as we have to observe most often in limping or other manner of lameness.

The use to be made of this sign in diagnosis is as of pain. It may be absurdly exaggerated, caricatured; and by mere excess may prove itself unmeaning, as when a patient in good general health, and with a cool or cold well-shaped foot, has maintained for many weeks that it is impossible to bear weight on the foot; or when one, in whose knee you can neither feel nor see any wrong, goes limping as if with an utterly ruined joint. Here, as in so many cases, inconsistency proves unreality.

The difficulty of diagnosis is far greater when there is only slight limping or other impaired use of a joint. Here you had better be very watchful and cautious, and err, if at all, on the side of believing in real disease; for the cases are frequent, especially in children, and in serious diseases of the hip, in which the first, and for a long time the only, sign of real disease is some limping or other erroneous use of a joint.

As you watch the cases in which limping or some manner of lameness is the chief or only apparent sign of disease of a joint, you will find that some depend on, or are ascribed to, mere muscular weakness of the limb, some on a partial slight chorea. The former are often associated with what Sir B. Brodie pointed out as sometimes occurring in hysterical persons—a peculiar laxity or limpness of joints. These are not difficult of diagnosis; if a really diseased joint is loose the disease is very plain. The choreal cases are more likely to deceive. In some there is a sort of string-halt—a quick jerk-up of the heel at every step, faintly suggesting some affection of the knee-joint. Much more puzzling are the cases of slight chorea of the whole lower limb in which, as a patient walks, he limps, and jerks and throws out his leg, somewhat after the manner of one with early disease of the hip. The likeness is, indeed, not very marked; yet in two cases that I have seen it caused great fear: in one, because of the importance of the patient; in the other, because the limping followed a blow, and a brother of the patient was crippled with serious scrofulous disease of the hip. In this case, too, the ordinary posture assumed in standing was—by imitation, I believe—like that of diseased hip, with the half-pelvis raised and the foot pointed. The diagnosis of such cases may rest on these facts. If the other usual signs of diseased hip-joint are absent or very little marked; if the limping movements are not careful but quick and jerking; if the passive movements of the joint are complete and free; if when the patient stoops, so as to touch the feet with the hands, the figure becomes symmetrical,—there is no real disease. And this will often be certified by choreal movements, such as twitchings of the face or eyelids, told of or still present.

I have thus gone through the chief reputed and usual signs of inflammatory diseases of the joints which may be imitated by nervous affections closely enough to make a diagnosis difficult. But other signs remain which are much more rarely imitated, and never closely, except in some cases

of complication of nervous affections with fever or other accidentally concurring diseases. These are swelling and local heat and fever.

Now, as to swelling of the whole or part of a joint, its absence may be nearly enough to prove that a joint in which there are intense pain or other signs of acute disease, or which has been long painful, or in any way seemed long diseased, is only nervous. Inflammation of a joint, either very acute or of long standing, can hardly be found without visible or tangible exudation in the joint-cavity or in the textures bounding it. But there are many cases in which you cannot apply this rule for diagnosis. A joint shrunken after long disease may relapse into inflammation without renewed swelling, till perhaps a residual abscess appears. A hip-joint may be acutely inflamed without any discernible swelling; so, less often, may be a shoulder, the exudation being too little to be felt. And, making more difficulty, swelling is sometimes evident in a merely nervous joint; not indeed considerable swelling, but enough to make a mimicry of real disease much more close. You may often see this in the loose tissue by the sides of the ligamentum patellæ. The swelling sometimes appears due to such slight exudation as may ensue in any neuralgic part; like the puffiness that may come on in facial neuralgia, or the swelling and congestion of the conjunctiva in some cases of orbital neuralgia. Such swelling is commonly transient and capricious, and the fallacy may be detected by observing that, at its greatest degree, it is not, even after long time or many repetitions, nearly proportionate to the pain or duration of the disease. For a joint which is intensely painful, with acute inflammation, or with ulceration of cartilages, should be, if not at first, yet soon after, considerably and always swollen.

In other cases, swelling of a nervous joint may be due to accidental conditions. For instance, repeated blisterings or repeated paintings with iodine will give, for a time, such thickening and puffing of the subcutaneous tissue about a joint as may be very deceptive when added to the other signs imitating inflammation of the joint. So, again, I have seen such a condition in a very marked degree produced by the long-continued use of ice about a painful joint.

On the whole, then, the absence of swelling makes it very unlikely that a joint is really diseased; so does the presence of only a trivial swelling when the nervous and muscular signs of disease are acute or of long standing; and when swelling exists it must not be counted as adding to the probability of real disease, unless it persists and is independent of such accidents as I have already named. And remember that a sensation of swelling is not unfrequently complained of when no swelling whatever exists. It is just one of the erroneous sensations to which nervous persons are prone, as they are to sensations of unnatural fulness and of weight for which there is no substantial reason. Such a mere complaint of swelling will not deceive you if you compare the suspected joint with its fellow.

But, after all, the sign most to be relied on for diagnosis between real and nervous disease of joints is the temperature. It is so important to estimate it accurately that I cannot too strongly urge you to be always studying it. You should feel with a broad surface of your hand every joint very watchfully, comparing each that is supposed to be diseased with its fellow supposed or known to be healthy, till you learn, as you certainly may, to detect even a small difference of temperature in even a small part of a joint.

When you have learnt to feel accurately the heat of a joint, you may safely rely on it for some certainties in diagnosis. A joint that feels all over cold, or cool, or not above its natural temperature, is not an inflamed joint: whatever may be the other signs of inflammation in it, it is not inflamed; you may rely on this. In the hip and shoulder, however, this test of temperature is not easily applicable. The thickness of various textures covering those joints is too great for additional temperature to be transmitted through them. But in the knee and elbow, and other smaller joints, even those of the fingers and of the tarsus and carpus, the test is easily applied and sure; and remember always, in using it, that, in most persons, the front of the knee-joint, and, in a less degree, the back of the elbow, are habitually cool to the touch—cooler than the arm and leg; and that in many the feet are rarely warm in health. These local variations, however, can lead to no confusion if you follow the rule—which, for other reasons as well as this, ought to be never neglected—of comparing every suspected joint with its fellow. Besides, always compare the temperature of the joint with that of the rest of the limb, for the rest of a limb may be, through disease or long defective nutrition, cold; and if one joint in it be always not cold, though it may not be fairly called hot, this may be through its being inflamed. I repeat, then, a joint which is not above its natural temperature is not an inflamed joint. But observe, besides, some rules within this rule.

A joint when first exposed for examination may feel overwarm. This may be due to its having been very warmly wrapped, or thickly covered with water-dressing, or in some other way hindered from cooling to its natural temperature. Wait, therefore, and observe whether, after a few minutes' exposure to cool air, the joint has become of the same temperature as its fellow or as the rest of the limb. If it have, you may be very nearly sure it is not inflamed; or your suspicions that it is inflamed may increase with the time during which its cooling is delayed. Frequently only a part of a joint is inflamed, and in this case the morbidly high temperature can be felt only over the inflamed part. This limitation of a sign of inflammation which one might suppose easily diffusible is a striking fact. It is the same with the swelling, which, especially in scrofulous inflammations of joints, is often limited to a single portion.

Not rarely, when you feel a joint quite cool, the patient will tell you that it is, nevertheless, at times very hot or burning hot, and that with this heat it swells and becomes red. Such cases are common among those in which the consequences of sprains and other injuries are very prolonged in nervous persons, or even in healthy persons whose joints have been too long treated with cold douches or too long kept at rest. These joints are commonly reported as getting very hot every evening, and as being subject to painful heats, tingling and burning. In any such case you may decide that the joint is not inflamed. If it were, it should be over-warm all day and all night. The occasional heat is only due to flushing, such as some nervous people have in their faces after their meals, or such as women commonly have at the time of ceasing to menstruate. I call it flushing, not blushing, for it is not associated with any mental state; indeed, it may seem strange that, among all the nervous people with joints that are the constant objects of their attention, one never sees blushing of the skin over them when they are being looked at. All such turgescence and transient heat are consistent with complete absence of organic disease. Doubtless the same thing may happen in inflamed parts; they are sometimes hotter than at other times, more swollen and more painful, having periods of exacerbation; but then they are never of natural temperature—they are always more or less too hot. It is very different with the mimicries of inflammation in joints; here the over-heat is only at times, at night or at some nearly regular hour, or after exercise or fatigue. A joint which is cold by day and hot by night is not an inflamed joint—that is certain.

The certainty of the diagnosis based on coldness is, if possible, increased by coincident duskiness of the skin—by its having the dull purplish tint which is commonly called blue or a dull pink. Such colours may be seen at joints long inflamed, but in these cases they are associated with over-heat; when they are associated with coldness, they are characteristic of anything rather than inflammation. Besides, with inflammation the colours of over-fulness of bloodvessels are only at the inflamed parts; with congestion in cold nervous joints they are commonly much more widely diffused.

Lastly, as to fever associated with a supposed inflammation of a joint. It may help you to diagnosis in some few cases, chiefly in those in which the pain is very severe, or in which there are other signs like any of those of acute inflammation. For no very acute inflammation of a considerable joint can exist without fever; and therefore, when a patient's general temperature is normal, you may be very doubtful, to say the least, whether an intensely painful joint is inflamed. But the reverse is not true; the temperature may be frequently or habitually high, though a suspected joint be only neuralgic or in some other mimicry of acute disease. For the patient may be tuberculous, or, with some casual illness, may have a high temperature, or

he may be recently convalescent from acute fever. Moreover, a very slight degree of inflammation in a joint in a very nervous person may be associated with a disproportionately high general temperature. This is in accordance with a general rule already mentioned—that in those with alert and mobile nervous systems a slight local inflammation may produce or be associated with a great increase of general temperature. In similar persons, fatigue or passing excitement will raise the temperature to 100°, or, I think, to 101°; and in their convalescence from acute illness—a condition in which nervous mimiery, as well as real joint disease, is apt to appear—they have widely variable temperature. You must therefore hold, as a general rule, that, in very nervous persons, the temperature must be studied many times, and with circumspection, before it is counted as an addition to the evidences of their having real joint disease. Within the last few days I have been very nearly deceived in such a case. A gentleman, about thirty, had what he described as frightful paroxysmal pain in one knee—pain such as might have been in the most acute inflammation of the joint; and there were some heat, some swelling, and a general temperature of 101°. These things had "come of themselves" within three or four days, and the patient looked very ill. Of course he was treated cautiously; and all subsided so quickly as to make it sure that no serious, if indeed any, organic disease had existed. It was a nervous mimiery ensuing upon excessive and unsuccessful work.

ABSTRACT OF TWO

Lectures

ON

FLEXIONS OF THE UTERUS AS A CAUSE OF DYSMENORRHŒA.

Delivered at the Hospital for Women, Soho-square,

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(Concluded from p. 657.)

Now, as the pathology of the flexions differs, so do also their subjective symptoms; they certainly do not all give rise to dysmenorrhœa. To show the difference of opinion which exists with regard to the distress they occasion, the three following authorities may be quoted.

First, Thomas says: "Anteflexion, pure and simple—that is, uncomplicated by disease—is not accompanied by symptoms, unless it so obstruct the uterine canal as to prevent ingress and egress of fluids. Unless such obstruction exist, the symptoms attending it will be due to metritis or endometritis, and not to the mere displacement." With regard to retroflexion, he says: "If the angle produced be sufficient to block up the uterine canal, dysmenorrhœa and sterility will result; if it be not so, there will be no symptoms except those attaching to the disorder which has produced the flexion. I should perhaps except uterine colic, a violent tenesmus of the uterus, due to imprisonment of mucus by the obstruction."

On the other hand, Graily Hewitt says: "The symptoms produced are most marked in retroflexions. They are not always present in the same degree. Bearing-down pain is more or less constantly present. Generally there is a severe form of backache present, which is increased by any kind of exertion. Aching in the ovarian region or in the groins is often present. Shooting pains down the thighs are often observed; but more frequently a troublesome pain down the back of the leg or the thigh is noticed, and generally more to one side than the other, owing to the displacement being rarely quite in the middle line. A dragging sensation at the umbilicus is now and then a symptom of retroflexion. There may be pain in defecation and on micturition, which may be frequent. Dysmenorrhœa is a frequent result of flexion, but is generally associated with menorrhagia. Labour-like pains attend the ordinary periods. Abortions and sterility are commonly produced by flexions. Leucorrhœa may be general or almost constant. The general condition of the patient may be one giving extreme anxiety, when the disease has been long undetected; for, owing to the loss of power of locomotion, the health is often found to have suffered considerably, and a morbid, hysterical, hypersensitive condition has been set up." Again, with regard to the cause of the pain, he says: "There has been some dispute as to the cause of the pain. It has been contended that it is due to neuralgia, to inflammation of the uterus, &c., to anything, in short, but the mechanical condition"; and referring to a report which maintained that the pain was due to neuralgia or inflammation, Graily Hewitt says that "he believes the theory maintained in the report to be utterly untenable." He adds at the end of the symptoms due to flexions, that "flexions are generally associated with prolapsus to a certain extent, more in retro- than in ante-flexion."

Again, Scanzoni agrees with Thomas. He says: "Flexions of the womb do not acquire any importance, nor are followed by any serious danger, save when they are complicated with an alteration in the texture of the organ."

Thus authorities differ greatly with regard to the importance of flexions as a cause of symptoms, and it is simply as a cause; for all three allow that when a flexion exists all these symptoms may be more or less present; but on the one hand, Thomas and Scanzoni believe that the flexion is a symptom, the disease being a metritis or endometritis which has caused the flexion, therefore that the flexion is secondary; on the other hand, Graily Hewitt believes that the flexion is primary, and the enlarged and tender fundus is due to congestion and strangulation of the parts, produced by the interference in the circulation caused by the flexion. All agree, however, that the obstruction caused by the flexion may give rise to dysmenorrhœa, and the pains so produced are very characteristic of obstruction, but not of flexion especially. The pain always precedes the discharge for a certain time, sometimes for a day, at others only for a few hours. It is situated chiefly in the stomach, but may extend to the groins and down the thighs; there is always more or less pain in the back, but this is not so bad as the severe cramp-like pain in the stomach. It may produce sickness, or only retching, intense headache, &c., and may be so severe as to confine the patient to her bed, not only while it lasts, but for a day or so afterwards, on account of the exhaustion it leaves behind. The extreme pain is at once relieved directly the discharge becomes free, and this is the characteristic symptom which points to obstruction as the cause of the pain.

If, however, the dysmenorrhœa has been present for some years, it may have given rise to chronic inflammatory conditions of the uterus, or of the ovaries, or of both, and the symptoms produced by these conditions, intensified at each period, do not subside with it, but give rise to distressing symptoms, which last during the whole of the interval, and gradually undermine the patient's health. Therefore, in long-standing cases of dysmenorrhœa, you must remember that the characteristic symptom—that is, the cessation of the pain on the appearance of the discharge—may not be so distinctly marked, though in all these cases there will be a notable diminution in the amount of pain as the discharge appears. By inquiry into the history of such a case you will, however, find that the pains during the interval did not make their appearance till some time after the dysmenorrhœa; that at first they were slight, and only lasted a short time; that they gradually increased in severity, and remained longer, till at last she was always suffering more or less from them. The pains during the intervals will not help you in the least in the diagnosis as to the cause of the dysmenorrhœa. There may be either one or more of those which Graily Hewitt says are caused by flexions, and the simple enumeration of them is sufficient to prove to you how inadequate they are for diagnosis; neither are they, in my belief, due to the flexion, but rather to the inflammatory conditions set up by the increased congestion, and by the irritation which this obstructive dysmenorrhœa causes, and which in turn gives rise to chronic inflammatory conditions in one or more of the female generative organs.

The only subjective symptom, then, that gives help is the cessation of the pain with the appearance of the dis-

charge. This is common, however, to all cases of obstructive dysmenorrhœa, whether due to flexions, to constrictions of the internal or external os, to a long and tortuous cervix, or to tumours blocking up the cervical canal; and therefore you cannot from this symptom diagnose more than that obstruction to the exit of the discharge exists. The symptoms complained of will lead you to suspect the existence of a flexion, but they are not of such a character as to enable you to be certain of it, much less to enable you to determine whether it is ante- or retro-flexion.

The existence of a flexion cannot be certainly diagnosed except by examination. There are four ways of examining a patient:—(1) Abdominal examination. This, it may at once be said, gives no help whatever alone. (2) Vaginal examination with the use of the uterine sound. This is absolutely necessary in all cases. (3) Rectal examination. This gives general help in many difficult cases. (4) The conjoint abdominal and vaginal, and the abdominal and rectal examination. This is of great service in excluding other diseases, and should never be neglected.

The vaginal examination is thus performed:—The patient lying on her left side, the index-finger is passed into the vagina up to the cervix, examining its condition and the condition of the surrounding cul-de-sac. I need not waste time by describing the condition existing in health further than by saying that you ought to find all the cul-de-sacs free from tumours, the uterus movable, and the cervix pointing towards the lower part of the sacrum.

In flexion—and let us take anteflexion first—you will find the cervix more or less out of position; for flexion rarely exists without a certain amount of version being present as well. The os uteri is directed towards the middle of the sacrum. On passing the finger along and up the anterior surface of the cervix into the anterior cul-de-sac, a more or less hard, smooth, round, circumscribed mass is felt, and evidently connected with the cexvix; but between it and the cervix there is a sulcus more or less deep. The tumour felt in front is higher up in the vagina than the os uteri in moderately severe cases; but in very severe cases it may seem to be on the same level with it. Now the important points to decide are, whether this tumour is the fundus uteri, whether it is movable or fixed in the pelvis, and, if movable, whether by its movement you can alter its relation to the cervix. The fixedness of the tumour in the pelvis you can determine by your finger, by more or less hard pressure; if fixed, it is a sign of inflammatory conditions having existed, either in the peritoneum or in the cellular tissue around the uterus. But supposing the tumour movable in the pelvis, you must further decide whether it is movable or fixed with regard to its relation to the cervix. When fixed, any movement of the fundus causes a corresponding movement of the cervix and *vice versâ*; this showing some alteration in the structure of the uterine walls, such as occurs in traumatic flexions, and which maintains the existence of the flexion in whatever position the uterus may be placed. The tumour may, though, be movable with regard to the cervix—that is, on pressing the finger against it, it slides away from it, the cervix hardly altering in position. This condition, however, is much more frequently noted in retroflexion than in anteflexion.

In retroflexion, relatively, the same conditions exist; but here the tumour, instead of being in front of the cervix, is behind it. It is much more common, too, in retroflexion, to get the tumour behind, low down, almost on a level with the os uteri; and this is explained by the fact that the pouch of peritoneum between the uterus and the rectum extends considerably lower down than that between the uterus and the bladder. The cervix, too, is directed more or less to the pubes, though in severe cases it may not be altered much in direction.

Further help is also given by the condition of the cervix and os uteri; the latter is generally very patent—it may be so large as to admit easily the tip of your index-finger. Then, again, the lips of the os uteri are altered: in anteflexion the anterior lip is swollen and tense, the *posterior* one thin and stretched out; in retroflexion the posterior lip is swollen and tense, the *anterior* one thin and stretched. Still further help in the diagnosis is obtained by the use of the uterine sound. By its use we confirm the impression we have formed by our digital examination, and also we exclude those other morbid conditions which simulate flexions, such as fibrous tumours in the walls of the uterus, cellulitis or pelvi-peritonitis, prolapsed ovaries, fæcal impactions, &c.

[The differential diagnosis of cellulitis and pelvi-peritonitis from flexions &c. was not thoroughly gone into; but it was pointed out that the history of the case, the characters of the swelling, its situation, extending as it almost invariably does into one or other of the lateral cul-de-sacs or into both, its complete immobility, and the distinctness with which the mass can always be detected by either the rectal or vaginal conjoined examination, would enable one without much difficulty to separate them from flexions.]

Fæcal impactions do not require a lengthened notice. You are told that the mass so produced can be indented by pressure with the finger, and retains the dent after the finger is removed, and so it does; but if you have any suspicion as to its being fæcal, pass your finger into the rectum at once, and so decide; you can't then make a mistake.

Fibrous tumours in the walls of the uterus and prolapsed ovaries remain; and the diagnosis between these and flexions is sometimes exceedingly difficult. It is chiefly by the sound that we are enabled to do it. Speaking generally, we may say, that if the sound enters the mass felt in either of the cul-de-sacs of the vagina, that mass is the fundus of the uterus; should it pass in the normal direction or backwards, the mass being felt anteriorly, that it is not the fundus uteri, but some tumour in connexion with it. To be sure of these conclusions being right, certain movements of the sound are necessary. Thus, supposing the sound has been passed into a mass occupying the posterior cul-de-sac, the curve of the sound is backwards. Try and turn the sound round, so that the curve should look forwards. If you succeed, and the mass disappears entirely from the posterior cul-de-sac, you may be sure that you have nothing but a retroflexed uterus to treat. You have, also, by this movement discovered that the mass is movable in its relation to the cervix; that is, that no distinct alteration of uterine tissue exists, nor any pelvic peritoneal adhesions, either of which would tend to keep the uterus in its flexed position. The amount of pain which this movement causes also determines whether any inflammatory conditions are present or not. I must say that in numbers of cases of this kind the sound may be introduced and the uterus redressed, as it is called, without the least pain being given.

Again, take a case of anteflexion. The sound passes forwards, the curve looking forwards. Try and turn the sound, so that the curve shall look backwards; if you succeed and the mass disappears, you may be sure you have nothing more than an anteflexed uterus giving rise to the tumour.

These, taken for explanation, are the easiest conditions of flexion, about which you will never have any difficulty in diagnosis, and cases, too, which will not give you much trouble with regard to dysmenorrhœa; or if dysmenorrhœa does exist to any great extent in such cases, you must look for another cause besides this. Such cases are easy enough to diagnose from fibrous tumours or prolapsed ovaries, as easy to diagnose as a simple unilocular ovarian cyst is from a simple case of ascites due to cirrhosis.

With regard to the diagnosis of fibrous tumours, or prolapsed ovaries from flexions, when they get so large as to be detected by the conjoined examination, you may have a difficulty in distinguishing them one from the other; but you will have no difficulty in distinguishing them from a flexion, because flexions, retroflexion especially, cannot be detected in this way, except in very thin people, and in them we are enabled to make out the size of the organ so completely as generally to exclude the presence of a tumour. It is only in those cases where the tumour is so small as not to be felt, or only indistinctly felt, in this way that difficulties arise. Let us take as an example a small fibrous tumour, growing in the posterior wall of the body of the uterus; by its weight the uterus is more or less bent over backwards. Nothing is to be discovered abdominally. Per vaginam, a mass is felt in the posterior cul-de-sac, movable with the uterus, and evidently connected with it, though a sulcus more or less deep can be felt between them. The sound enters with some difficulty backwards, and on redressing the uterus the tumour gets higher in the pelvis, but does not entirely disappear. The mass that you feel per vaginam may be of the same consistence as the fundus uteri; it may be round, smooth, and circumscribed. In these cases you may get very severe dysmenorrhœa, especially if

the tumour encroaches on the cervix and tends to block up the internal os.

Again, a prolapsed ovary will in many cases give rise to very much the same conditions. From the position of the healthy ovary, it always falls into the posterior cul-de-sac when prolapsed; and if, after its prolapse, any inflammation has been set up which has given rise to adhesions, these may have united it more or less closely to the posterior surface of the uterus, and it will move with the uterus when the sound is introduced, and thus give rise to the same physical signs that the fibrous tumour did. In these cases the tumour felt in the posterior cul-de-sac is not so hard, more or less elastic to the touch, generally somewhat oval in shape, and more tender than the fibrous tumour. In these cases you may have severe dysmenorrhœa, due, however, rather to the condition of the ovary than of the uterus. When not attached to the surface of the uterus, your diagnosis is made from its mobility independently of the uterus, and by the depth and width of the sulcus felt between the tumour and the uterus.

Now, the diagnosis of the fibrous tumour in the uterine wall, and the attached prolapsed ovary, from flexion of the uterus, is in many cases easy, in others very difficult. In the difficult cases you must take into consideration the size of the mass and its characters, the relation it bears to the uterus, the relation it bears to the uterine sound when in position, the character of the sulcus between the mass and the uterus, its width and depth, and, again, the movement that is communicated to the mass by the movement of the uterus by the sound; and, according to these, you must draw your conclusion as to whether you have simply a rather enlarged flexed fundus, or a tumour in one of the uterine walls, or a prolapsed adherent ovary.

Again, there are other cases where a mass can be felt either anteriorly or posteriorly, and where the sound can be introduced, though only with much pain, but where you cannot redress the uterus on account of the pain it gives; the mass does not feel large in these cases, yet it might be a fibrous tumour, or only the flexed fundus. In such a case you have, after much difficulty, and after having caused great pain, introduced your sound, say strongly curved forwards. Attempts to move the sound, so as to place the uterus in its normal position, give rise to intense pain. The mass is, in fact, fixed; yet, as a whole, the uterus is movable, showing that its fixedness is not due to cellulitis or pelviperitonitis, but either to slight adhesions on the concave surface of the flexion, or to alterations in the walls of the uterus itself.

The diagnosis in these cases is very difficult. They are chiefly anteflexions which give rise to this difficulty, and they are of all flexions the ones which, *per se*, give rise to the most severe form of dysmenorrhœa. They are chiefly met with in young unmarried women or in women who have not had any children, and they are, more often than not, due to one of those sudden strains or accidents which are known to produce flexions of the uterus.

Here, again, you must take into consideration the size of the mass and the relation it bears to the sound when introduced; the character of its surface, whether smooth or nodular, its hardness, its tenderness; and, lastly, the condition of the cervix. If the mass be about the size of the fundus uteri, if it is smooth, not of stony hardness, somewhat tender; and, again, the mass being situated anteriorly, if the os uteri be patent, the anterior lip being swollen and the posterior stretched out and thin, then you may infer you have a flexed fundus to treat.

The conditions of the cervix and os uteri are very important. All the other conditions may tally with those produced by a fibrous tumour, but rarely does a fibrous tumour cause the patency of the os uteri and the conditions of the anterior and posterior lip that I have described.

This is as far as can be gone into the diagnosis of flexions from other conditions which simulate them, and now let us shortly consider how flexions cause dysmenorrhœa, and why, in some cases, distinct flexion being present, yet no dysmenorrhœa nor other symptoms exist.

The severity of the dysmenorrhœa in flexions depends on the fixedness of the fundus uteri in its relation to the cervix—that is, on the impossibility of lessening the flexion, either by the finger or by the sound, without giving intense pain. As you know, at each period the uterus becomes engorged with blood, somewhat increased in size, and tends to become erect. Now any flexion that exists, in which the fundus uteri is fixed in any way, tends to prevent the engorgement of the uterus, its increase in size, and certainly prevents it from becoming erect; and thus gives rise to considerable pain by simply preventing the uterus from accommodating itself to the congestion which occurs at each catamenial period. Bound and fixed as it is, there is at each of these times a continual struggle going on between the congestion which tends to distend and erect somewhat the uterus, and the adhesions or other conditions which, keeping the uterus fixed, tend to prevent this distension.

Again, the uterus not being able to accommodate itself at all to this congestion, the constriction caused by the flexion, bad enough as it is when the uterus is quiescent, becomes much worse at these times from the swelling and softening of the mucous membrane of the uterus, and, in fact, may completely block up the canal, thus preventing the escape of the exuded blood, which distends the cavity of the uterus, and renders necessary very strong contractions like labour-pains to overcome the obstruction which exists at the point of flexion, and is therefore another cause of severe pain.

On the other hand, in these cases of flexions where the fundus is not fixed nor much enlarged, and where there is reason to believe that the flexion has not existed so long as to cause any atrophy of the uterine tissue at the flexed point, it is easy to understand that at each catamenial period the congestion may be sufficiently powerful to erect the flexed organ, and so, for the time being, cure the flexion; or, if it does not do this quite, may do so to such an extent as to prevent the flexion being so great as to offer any great obstruction to the escape of the catamenial fluid; and, according to the extent to which this happens at each period, so will there be greater or less freedom from pain at these times.

With regard to treatment, Dr. Squarey said he was sorry there was not time to devote to it in his present lectures; but he shortly showed that the views he held pointed to a treatment essentially different from the ordinary mechanical one. He believed the mechanical treatment with stiff instruments to be wrong, and that it tended rather to maintain than to cure the flexion. In many cases, though, it was necessary to use these instruments, from the patient not being able to give up the time nor take the care of herself that was required when they were not used. His principle in the treatment of these cases was first to get rid of the obstruction by the insertion of a flexible intra-uterine stem, which would not in the least interfere with the normal movements of the uterus, and yet would keep the canal sufficiently open to do away with the obstruction and relieve all the pain it caused. Then, by paying great attention to her general health, to her exercise, to her diet, to her secretions, and last, but not by any means least, to her dress, endeavour so to improve the patient's health that Nature herself—the chief fault of the flexion (the obstruction) being removed—might gradually restore the uterus to its normal position; and this he had reason to believed that Nature can do, more quickly, more surely, and far more comfortably to the patient, than either of the stiff instruments, intra-uterine or not, now so much in use.

PROPOSAL FOR OBTAINING STATISTICS OF THE DISEASES TO WHICH CHILDREN OF THE SCHOOL-GOING AGE ARE PRONE;

WITH THE VIEW OF THEREBY MORE READILY DETERMINING WHAT SANITARY MEASURES ARE MOST CALCULATED TO BENEFIT THEM AND THE COMMUNITY GENERALLY.

By T. FARQUHAR, M.D.,
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SANITARY science has of late years acquired a great accession of power in dealing with questions of public health, through the compulsory registration of deaths and the publication of mortuary returns. A great desire has, however, lately arisen to get further and more immediate information as to the existence, extent, and spread of disease, by publishing also returns of all cases of *sickness* occurring

among the population, the same as is supplied by the army, navy, and other public services. From these last, and from general observation, it is well known that the number of "deaths" bears but a small proportion to the "attacks of sickness." Thus, when we have a "death-rate" of a thousand, from any particular disease, it may represent a "sick-rate" of many thousands of the population. It is, then, of the utmost consequence that we should have statistics of this often more or less preventable suffering, which causes much distress to the people, and pecuniary loss in laying aside from work, both rich and poor, both the sick and those who wait upon them.

The objections to such publicity, so far as the diseases of adults are concerned, are so deeply felt by the people that, putting other difficulties out of the question, it is hopeless to look for voluntary aid or successful legislation on the subject. We have, however, in the children whose attendance at school is compulsory under the recent Education Act, a large and important class in regard to whom the same difficulty scarcely, if at all, exists. Information as to the diseases and sick-rate of these children, if rendered available for sanitary purposes, would be of the greatest value, in determining the laws which regulate health and indicating the measures most likely to benefit the public.

From the Census and the School Board Returns we have, or shall have, accurate enough information as to the number of children, in each parish or district, of the school-going age. What we want now is—

1st. A Yearly Return of the permanently disabled children, and the causes which prevent their attendance at school.

2nd. A Weekly Return of temporarily sick children borne on the school register, and the diseases that prevent their attendance at school.

From this we should, in the first place, learn how many children of the school-going age are permanently disabled, on account of physical or mental defects, from attending school, and be in a position to compare the returns received under this head from different parishes or districts. This would supply data for intelligent inquiry into the special causes of disease existing in particular places. From a knowledge of the diseases which attack the children attending school the sanitary officer would have valuable information as to the general causes of sickness in the rest of the population. The death-rate, indeed, at this period of life is not so great as at others; but the young are usually more liable to suffer from insanitary conditions than adults, and thus more clearly and readily indicate the presence of pernicious influences in houses, districts, modes of life, food, &c. All classes of the people, too, are represented in the school children; there is therefore a universal interest in their welfare, and in discovering the causes which affect their health. The seeds of disease, also, are so frequently laid in youth that trustworthy information as to the sanitary condition of school children might lead to the adoption of measures calculated to save the manhood and age of the people from much unnecessary suffering.

The value of the information sought for would, however, be most distinctly and immediately seen in the early notice which sanitary officers and people generally would receive of the presence of an epidemic or other contagious disease in their district. Such warning would lead to timely measures being taken to stay its spread before the community became involved to any serious extent. At present the death returns are our only official means of information as to the existence of an epidemic, and it too often happens that before a sufficient number of fatal cases have occurred to rouse the authorities or the people to a sense of danger the disease has fairly established itself in the locality as a decimating scourge.

Another valuable result of returns of sickness from schools, though not likely to be generally thought of, would readily occur to the medical profession. It is this. Some cases of epidemic disease are with difficulty recognised at first by the people, and are sometimes overlooked by the medical profession in a hurried visit. Their attention would be awakened to a keener observation of the sick if, from the school records, they became aware that similar cases were occurring in their own or the neighbouring districts.

The important information sought for is to be derived from one-fifth part of the entire population of the country, and the question is how statistics can be most readily and cheaply collected from such an immense and widely scattered section of the community. With the sanitary department lies the more direct responsibility of initiating this question; and doubtless, whatever assistance is received in working it out, a considerable amount of additional labour will be thrown on this department. To call on the country to appoint a new set of sanitary officials in every parish or district, to gather up the statistics of sickness among school children, would be very expensive. Fortunately, however, this should be unnecessary, for the Education Act has called into existence a class of officials, the members of School Boards and their officers, who, with the teachers in our schools, could with very little trouble indeed obtain the desired information. The reason why School Boards should assist in this matter is that to them has been granted the power of shutting up, for five hours a day in school, about six millions of the population. Surely a heavy responsibility is thereby imposed on them in regard to the health of the children thus committed to their charge. This responsibility they can no more ignore than can Prison Boards, Parochial Boards, workhouse guardians, or regimental authorities, in regard to the classes placed by law under their care. Nor, in reality, are these duties ignored in the regulations issued by Government for the guidance of School Boards. In accepting office, members of these Boards know they are required to attend to such sanitary conditions, as ample cubic space for each child, due ventilation, heating, &c., of the schoolrooms.

If, by these means, all has been done that readily can be done for the preservation of the children's health, the public would have nothing to say. Parents and guardians may, however, reasonably complain that no provision is made against the entrance or spread of epidemic diseases among the children in school, and, through them, the communication of infection to the rest of the family or population in their homes.

That this was never particularly noticed before in the administration of our schools is due principally to three causes:—

1. Parents and guardians had the power, and often exercised it, of withdrawing their children at any moment, and for as long as they liked, from an infected school.

2. Teachers in Scotland often exercised a discretionary power in breaking up school when a severe epidemic occurred in a parish, and with the happy effect, in most instances, of staying its spread among the people generally.

3. Formerly the advantage and necessity of such a measure were not so well understood as they are now, so that it was too often neglected or too tardily employed.

The law now, through the Education Act, recognises no such plea, for the withdrawal of a child from school, as fear, on the parents' or guardians' part, of infection from an epidemic which may be raging. As the law stands, be the consequences ever so disastrous to the child or family, he must attend school. Nothing is said, also, of parents having the power, or being required, to keep the healthy members of their families from school, though one of the family, who is sick at home, suffers from an infectious and dangerous disease. Schoolmasters, again, have no orders given them to prevent the children of an infected family or a newly recovered child from coming regularly to school, and bringing infection in their clothes or person. The simple fact is that the whole subject, though so important and serious, seems to have been overlooked.

The next class of officials, and by far the most important, who may be asked to supply information to the sanitary department, as to the sickness of the school-going children, are the schoolmasters. They become more or less acquainted with the people, in every locality, whose children attend their schools, and each is in charge of only a limited number of pupils. The mode in which the education department now requires that school registers should be kept will henceforth facilitate the sick returns referred to. It is already demanded of teachers that they ask if "sickness" detains a child from school, and, if so, they have to enter the answer "S" in their registers. Would it be a heavy burden to put on a teacher if he were required, further, to ask "what sickness" kept the child from school, and to enter the answer, instead of the hieroglyphic "S," in the prescribed column of his school register? If he has any

doubt as to the truth of his letter "S," or of the name given to the sickness, he can ask for "a line" from the parents, and only when he is still in doubt need he apply to the officer of the School Board for further or more accurate information. Ten per cent. of the children are very seldom likely to be absent from school at one time on account of sickness. Is it much then to ask, further, that the teacher should copy out, on a printed form, a weekly list of the sick and their diseases, and hand it to the School Board, or directly to the sanitary officer? Surely no candidate would refuse to come forward for, or decline to accept, the office of schoolmaster because this little extra trouble was required of him, for it need not occupy above a few minutes of his time weekly. Few indeed of the sensible and educated men who now hold the position of schoolmasters would, it is believed, be found seriously to object to a measure so likely to aid in the preservation of the health of the children, and probably save the lives of some of them during each of the frequently recurring epidemic seasons. For their own sakes even (especially if they are family men) they would be glad to assist in securing the absence of infected children, who, if present, might bring about the necessity of breaking up school, or perhaps infect the master himself or his family with a dangerous and protracted form of disease.

In peculiar and difficult cases the School Board officer could render important service in this matter. This officer must make house-to-house visitations at stated times (over a year, perhaps), or in some way gain accurate information about all the children of the school-going age who are in his district. He has to inform the Board about each child that is disabled from attending school; and all that is further required of him for sanitary purposes is, that he should state the name or nature of the complaint that detains the child at home. The same he would have to do in the case of a child on the school-roll who is kept at home on the plea of sickness, but in regard to which the schoolmaster is in doubt, or fails to gain information.

The information thus obtained from teachers and School Board officers would, under the School Board's direction, be communicated, with very little trouble, to the sanitary or parochial officer of the district or parish. On getting this information, the local sanitary officer could advise School Boards in cases of emergency or difficulty, and, from his local knowledge, prevent mistakes, and at the same time correct errors in the scientific names of diseases. The returns he would transmit to the general sanitary department.

The education department may naturally have some difficulty in consenting to the employment of its staff of teachers in a work not contemplated, at present, in the Education Act. There is, however, another party who will not hesitate to look at the subject from a financial point of view. I mean the ratepayer. Whether he has children at school or not, he is little likely to object to the adoption of measures that will help to save the school children and the neighbourhood from epidemic diseases. He will, however, consider the matter of expense, and see clearly enough how readily and cheaply the information may be obtained through the schoolmasters, and that without a good deal of expense and difficulty it could not be got in any other way. He will hardly listen patiently to departmental views and regulations about the restriction of schoolmasters to purely educational work, since this would throw on him the necessity of creating a new set of officials, requiring the payment by him of another penny or two in the pound. For the benefit of the locality, and for the repression of, to him, expensive epidemics, the ratepayer would help, and do so more readily, by giving a small addition to the salaries of the officials above-named. Besides he will see that without application to them, and more or less interference with their time and duties, the required information cannot be obtained.

In the interest of the multitude of existing schools the measure above indicated is called for at once; but its full value will not appear until arrangements are completed for the supply of the educational wants of the whole country. It is surely, however, for the Government to take up this sanitary matter soon, and confer a great benefit on the community, while trying to relieve it from the risks of contagion and suffering entailed by the recent Education Act.

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PRACTICAL NOTES ON CUTANEOUS SUBJECTS.

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II.—SUSPECTED RINGWORM (SCURFY HEAD).

THE practitioner is very often puzzled to make a diagnosis in cases of suspected ringworm. Cases, especially in schools, are brought to him which exhibit here and there—or it may be only in one small spot on the scalp—"scurfy"-looking places, without apparently any diseased hairs, and he is asked—Is it ringworm? Without the microscope it is difficult to decide the question; and I would venture to say that under such circumstances the observer can only blame himself if he falls into error by neglecting the use of the microscope, which will readily reveal in all cases whether or no ringworm is present by the appearance presented by the scales which can be scraped away from the suspected patch. The scales will always be found to have little bits of diseased hairs entangled in them where ringworm is present, and which diseased hairs are not perhaps visible to the naked eye. The accurate diagnosis of these cases is very important where schools are concerned, and a mistake in not recognising the nature of these "scurfy spots" may lead to the silent but wholesale propagation of the disease amongst the healthy. The following case affords an illustration of what I mean:—

CASE.—I had been prescribing for one or two children in a certain ladies' school, at different periods during two years, for ringworm of the body and head. When the mistress thought that all ringworm had vanished from amongst her pupils, she, having taken every possible means to detect at the earliest moment the faintest trace of mischief in her pupils' heads, in order to prevent the spread of the disease in her school, sent me her little daughter, aged six years, that I might look at a tiny suspicious-looking spot on the crown of the head. This spot turned out to be ringworm, and I destroyed the disease at once by iodine paint. The next day the niece (aged thirteen) of the schoolmistress was sent to me for examination, and I learnt that two years ago the scalp of this child was noticed to be "slightly scurfy" in one or two patches here and there over the scalp. The hair thinned out slightly, but the place was not bared of hair, nor was it red. The disease "did not look like ringworm; if it had," the aunt remarked to me, "of course advice would have been sought." The child had been treated with a "little ointment" now and then; and a medical man saw her, but did not think it ringworm. The appearance of the disease in the mistress's young child induced that lady to send the niece to me, lest the "scurfy" disease from which she had been suffering might in reality be ringworm. When I examined the head of the niece, there were one or two irregular-shaped spots, the size of a shilling or so, covered over with fine micaceous scales, not devoid of hairs. The hair looked a little thin, but not more so than is commonly seen in slight cases of seborrhœa, nor did the hairs come out too easily or break off; and on a superficial glance there was no appearance of short broken-off hairs, as in ordinary ringworm. On using a magnifying glass, however, and searching over the diseased areas, certain dark-looking portions of hair-shafts came into view, and these did not run in a natural direction, but were out of the line of the normal hairs, and they were, moreover, in some cases twisted and about three or four lines in length. They were concealed in great part by the healthy hairs. There were, perhaps, five or six in each patch of disease. They turned out to be brittle, and portions came away easily when pulled at. Under the microscope the hairs exhibited the ordinary appearance of hairs invaded by the fungus of tinea tonsurans and fungus of luxuriant growth.

Remarks.—The above case illustrates a not uncommon occurrence—viz., the non-detection of the nature of slightly-developed ringworm of the scalp (tinea tonsurans). Cases of ringworm may present the same characters as those exhibited by the example under notice from the outset and during their whole course; but these characters may be

assumed when the disease has become chronic and is supposed to be well, for ringworm leaves behind in many cases a surface that gives off for a while furfuraceous desquamations. The diseased patches may be small—the size of a split-pea—or the area of the disease may be larger. In either case there is apparently a little scurfiness, and the hair is somewhat thinned, and that is all, save an occasional suppurating hair-follicle in the centre of the scurfy spot. But if the scales be scraped away, here and there a bit of opaque-looking hair may be seen attached to or projecting from them, and these bits of hair will be found to be crammed full of spores. Further, in all these cases, here and there a dark stub or two, or one or more broken-off hairs, will be detected over the scurfy surface, and afford a certain indication that the disease is parasitic. Very often, as before observed, the condition referred to occurs in a case of ringworm apparently well, and the solitary or few diseased hairs constitute so many spore manufactories to spread the disease if no parasiticide remedies are used.

The treatment of these cases consists in very carefully getting away every particle of scaliness, and fully epilating the scurfy area, and applying any simple parasiticide until the hair grows healthily again; epilation being repeated to get rid of all short, dull, and opaque-looking hairs.

Practical conclusion.—Whenever a child is brought to the practitioner for his advice on account of the presence of what seem to be scurfy-looking places on the head, if these are small, and the general surface of the scalp is healthy, they are to be inspected for ringworm. A careful search should be made for broken-off hairs, and these or the scales, and any attached hairs, should be submitted to microscopic examination for fungus elements in them. In cases of chronic ringworm, all merely scurfy patches should be carefully examined, for a solitary piece of dead hair lodged in the follicle may explain the mischief, as it is generally loaded with fungus elements, which are readily sown broadcast to relight up the old mischief if parasiticide treatment is abandoned. Such ill-developed cases of ringworm, as before observed, may be the source of infection to many a child in public institutions and schools.

Note.—Dr. Duckworth has recently called attention to the effect of chloroform in rendering diseased hairs in ringworm opaque; but it will be evident that this effect will not be marked where only two or three short hairs are present, whilst the test will be of no value where there are only diseased pieces of hair filling up the follicles and not projecting above the level of the latter.

THE OPERATION FOR RECTO-VAGINAL FISTULA.

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In an instructive lecture by Mr. Heath, published in THE LANCET of 24th May, 1873, there is a brief record of two cases of recto-vaginal fistula, in which the operation usually performed for such lesions was unsuccessful. Speaking generally of this operation, Mr. Heath remarks, "My own personal experience is unsatisfactory, and surgeons who have had a more extended experience of recto-vaginal fistula find it a difficult thing to cure." I am induced to bring under the notice of the profession a case which was recently in the hospital, from the fact that after repeated failures under the ordinary mode of treatment, the cure was easily effected when a modified plan was adopted.

Mrs. W—— was admitted into the Hope ward on March 18th, 1872. She had been confined with her first child about a month previously. The labour had been tedious, and instruments had been necessary. I learned subsequently from her attendant that the head had been pressing on the perineum some twelve hours before the forceps were applied. During the first week or ten days after delivery the case progressed fairly, but about the second week it was found that the motions passed by the vagina.

On examination we found that the perineum had given way, but that the sphincter ani was unimpaired. A few lines above the sphincter there was an opening between the rectum and vagina, which readily allowed the point of the forefinger to pass through.

On the 27th March I operated in the usual way, and having brought the edges together with wire sutures, I ordered opium to be given daily with a view to prevent any action of the bowels. After the lapse of about ten days the sutures were removed, when it was found that, although the opening was smaller than before, the operation was a failure.

On the 5th of June a second operation was performed; but this also proved a failure.

After these disappointments I began to question whether the usual plan of locking up the bowels with opium for several days after the operation was not the real cause of failure. I noticed that on each occasion the case appeared to progress favourably during the first few days, and it seemed to be probable that the accumulation of fæcal matter and its subsequent passage along the rectum in a hardened condition tore open the tender structure by which the pared edges of the bowel were united, and thus spoiled the operation. As Mr. Heath aptly remarks, "there is a great tendency for it" (union of edges) "to break down the first time the patient has a motion."

Before sending the patient away unrelieved we determined to make another trial. The usual operation was again performed. But on this occasion, instead of locking up the bowels, I ordered daily doses of castor oil sufficient to keep the bowels moderately relaxed. Two or three fluid motions were passed every day without pain or inconvenience. And when we removed the sutures we found that perfect union had taken place. A few days ago the patient wrote me that she had experienced no further trouble.

I do not pretend to lay down a rule of practice from the experience of a single case; but the successful result in the case now narrated will probably induce others to test a similar plan of treatment when an opportunity presents itself.

I have found from reading a recent work by Dr. Emmett, that the plan is not altogether novel, but that it has occasionally been tried by American surgeons in the treatment after operations for lacerations of the perineum extending into the rectum.

A LOCALISED OUTBREAK OF VARIOLA.*

By R. W. FOSS, M.D.

After the widespread visitation of variola which we have recently had, I would not have ventured to bring this outbreak under notice except for the peculiarities that it presents as to the suddenness of its appearance and its equally abrupt departure, the extremely limited area to which it confined itself, and the malignancy of many of the cases.

In May this year variola was prevailing at the Hartlepools, a distance of about twelve miles from Stockton. There had not been any epidemic of it in Stockton for a year, and at this particular time the town was perfectly free from it. The first case happened in a man thirty-three years of age, residing in Stockton, who went to Hartlepool on a visit for a day, and during that day played with a child who was just convalescent from variola. Shortly afterwards he was attacked with the same disease, died, and was certified as having been unvaccinated. Thereafter other people residing in the same locality were rapidly infected from this man, until there were between twenty and thirty cases in all. Of these, seven died, all from the confluent, and most from the hæmorrhagic form. The cases were entirely confined to a block of new houses covering an area of fifteen acres.

The first case which I saw was that of a boy five years of age. He began to be ill on July 5th, and passed through a very mild attack of modified variola.

The next case, which I saw the following day, occurred in the person of a woman thirty-five years of age. On Thursday, July 3rd, without having entered any house in the neighbourhood, or having had any communication whatever

* Read before the South Durham and Cleveland Medical Society.

with the inhabitants of the houses in the locality, she was seized with rigors, pain in the back, and all the usual premonitory signs of variola, but not in such a degree as to lead one to suppose that she was likely to have a severe attack. On Saturday, the 5th, there were a few papules on the face and body. On Sunday the whole cutaneous surface was covered with hard, shotty papules, with fine epidermic scales on them. The pulse was 120. There was slight diarrhœa, and much frontal headache. She had not slept the previous night. There was profuse menorrhagia, large clots of blood being passed per vaginam; and, in reference to this sign, I may here state that in another female patient about the same age, whom I saw shortly after, this discharge of blood was most profuse, insomuch that when she got out of bed the floor was deluged with black blood. On Thursday, the 10th, the papules had become vesicles, and were umbilicated. The menorrhagia had ceased. She was delirious, extremely so at night, getting out of bed. Her pulse was 120, small and thin. The bowels were regular. On Saturday, the 12th, the contents of the vesicles were becoming purulent; and at this period, as in the other female, they became confluent, the epidermis being raised in patches. On Sunday, the 13th, the whole of the right side of the face was blue from subcutaneous hæmorrhage. She was comatose. In the other parts of the body suppuration appeared to be going on. She swallowed fluids with great difficulty. There was no diarrhœa or further menorrhagia. She died the next morning, being the tenth day of the rash, and the thirteenth of the illness. She had been vaccinated in infancy.

The husband of this woman was revaccinated by me on the day following his wife's death. This revaccination did not affect him in the slightest degree. Nine days after being revaccinated he had rigors, nausea, slight pain in the back, with general lassitude. Four days afterwards a few scattered papules appeared on the face, hands, and feet, without affecting the rest of the body, and he went through a very modified course of variola, making a perfect recovery. The interesting questions here arise,—Did the revaccination in him exert any modifying influence on the course of the variola? Might we infer that, because his wife died from malignant variola, he himself would have been affected by the same form if the revaccination had not intervened, or was he still under the protective influence of his first vaccination?

In all there were between twenty and thirty cases, with seven deaths. The hygienic conditions are those of most newly-built houses in this district. The streets are never paved for years after the houses are built, and in consequence they become filled with large pools of water for the greater part of the year; then, as the warm weather sets in, they generate all the lower forms of animal and vegetable life. It is remarkable that at the time of the outbreak these pools were dried up from the heat of the weather, having likewise probably distributed their inhabitants to the atmosphere. Another fact is that the locality abutted on a churchyard which is admitted at one time to have been greatly overcrowded, having been devoted to the reception of departed paupers; also that in the churchyard and at the backs of these houses there are pools of stagnant water standing the greater part of the year. The houses are new, drained, and otherwise perfect. However the localisation of this outbreak may be accounted for, there still remains the fact that between the 22nd of June and the 30th July, 1873, seven persons, all living within a limit of fifteen acres, died from severe small-pox, the remaining part of the town being untouched by it.

Stockton-on-Tees.

USE OF PHOSPHORUS IN CASES OF CATARACT.—The *Scalpel*, of Brussels, contains an article by Dr. Boniver of Monsanjon, accompanied by a record of cases, in which he relates his experience of the use of phosphorus in cataract. Dr. Boniver states that he has often had occasion to prescribe the substance, and has frequently been obliged to abandon its use before it had produced any effect, the patients being unable to bear long the introduction of phosphorated oil into the eyes, which produced conjunctivitis. But this condition did not always occur, and when it did not, Dr. Boniver asserts, the use of the phosphorated oil was truly efficacious.

A Mirror OF HOSPITAL PRACTICE, BRITISH AND FOREIGN.

Nulla autem est alia pro certo noscendi via, nisi quamplurimas et morborum et dissectionum historias, tum aliorum, tum propriis collectas habere, et inter se comparare.—MORGAGNI *De Sed. et Caus. Morb.*, lib. iv. Proœmium.

LONDON HOSPITAL.

REMARKS ON THE UTTERANCE OF THE SOFT EXPLOSIVE CONSONANTS IN (DIPHTHERITIC) PARALYSIS OF THE PALATE.

(By Dr. HUGHLINGS JACKSON.)

IN speaking of diphtheritic paralysis Dr. Hughlings Jackson remarked that, although a patient who has paralysis of the palate after diphtheria talks "through his nose," yet it occasionally happens that when one tests his articulation by the utterance of the soft explosive consonants b, d, g, they are brought out too well to satisfy critical persons that that formal procedure is of value. The words used are "rub," "head," "egg"; these words in cases of palsy of the palate should become "rum," "hen," and "eng." But they may by effort be uttered, if not well, still only as "rumb," "hent," "enk"; and sometimes they are uttered, although ill, yet so nearly well that one dare scarcely dictate to a clinical clerk a decisive statement about them. The explosive consonants at the beginnings of words are uttered better than at the ends of words; but such words are good tests because they are, in cases of palsy of the palate, preceded by an "m" or "n" sound. "Band" becomes "m-band"; "door" becomes "n-door"; and "game" becomes "n-game."

Donders, in his work on "Accommodation and Refraction of the Eye," gives a clear account of the manner of talking in cases of diphtheritic paralysis of the palate. Dr. Hughlings Jackson finds that Donders's statements are verified in all the cases of palsy of the palate which he has himself seen.

In order to bring out the defect in cases where the test as ordinarily applied fails, we must get the patient to utter each test word in quick succession. Then "rub," "head," and "egg" soon become "rum," "hen," and "eng"; "band" becomes "mand," "door" "nore," and (latest of all) "game" becomes "name." If the patient holds his nose the transformation does not, for obvious reasons, take place. These facts are well illustrated by a case now in the hospital. Dr. Morell Mackenzie, who sent the patient to Dr. Hughlings Jackson, had discovered complete, or almost complete, anæsthesia of the larynx.

GUY'S HOSPITAL.

DISEASE OF THE HIP-JOINT; EXCISION.

(Under the care of Mr. DAVIES-COLLEY.)

THE following case, beyond its clinical value, is of interest from the fact that it was one of the last hospital cases seen by the late Mr. Poland.

Jas. B——, aged thirteen, was admitted Aug. 15th, 1872, with disease of the left hip-joint. About Christmas, 1871, the patient was kicked over the left tuber ischii. Within three weeks of the injury the joint was so much affected that the patient was unable to go to work. Four months before admission an abscess formed at the upper and outer part of the hip, from which, when opened, a large quantity of black discharge came away. On August 6th two more abscesses formed at the inner side.

On admission the patient was able to lie flat on his back without any flexion of the limb or tilting of the pelvis; the thigh was slightly abducted, and rotated outwards. There was great swelling of the hip joint, extending one-third down the thigh, but it did not extend higher than at Poupart's ligament. The skin over the swelling was reddened and hot. There were several openings, one four inches below the anterior superior iliac spine and a little to the

outer side, and two smaller ones in the fold near the scrotum, all of which discharged pus. The patient was unable to move the limb, but slight passive motion gave him no pain, and grating could not be detected.

August 21st.—The late Mr. Poland saw the case and said that there was acute suppuration about the joint, which had in all probability begun as disease in the joint itself; and that the ligamentum teres had evidently given way, as the head of the bone was dislocated; shortening one inch.

On September 10th the patient was put under the influence of chloroform, when Mr. Davies-Colley said that he proposed to examine with a probe to see if the joint were diseased, and if this was found to be the case, to do excision. By examination with probe and finger it was ascertained that the tissues about the joint were extensively dissected by the suppuration, and that the head of the bone was rough and carious. The sinuses having been syringed with a solution of carbolic acid (one in eight), the following operation was performed under carbolic acid spray. A long incision was made along the great trochanter from the outer sinus, and from this another incision two inches in length was made backwards. The tissues attached to the trochanter were next divided, and the thigh adducted, flexed, and rotated inwards, thus turning the head of the bone backwards and outwards. The bone being sawn through just below the trochanter, and some dead bone being removed from the acetabulum by forceps, lint soaked in a solution of carbolic acid was placed within the wound, and carbolised gauze over this.

Sept. 11th.—Considerable oozing of blood and serum followed the operation. This morning the pulse is 170, and the temperature 101·6°; face pale; vomits everything he takes. The wound was dressed, and some offensive discharge and blood came away. Extension kept up by a weight.

For some time the wound had to be dressed daily, as the discharge was copious and offensive. The boy's health improved and the pulse diminished in frequency, though it remained above 100. The temperature never exceeded 101·7°, and within a week of the operation it sank to below 100°.

Oct. 21st.—Wound dressed every three days. Free discharge, no longer offensive. Can bend the thigh a little.

Dec. 10th.—Wound dressed once a week. There are two or three sinuses in seat of wound, and also in the groin. Has used crutches, but felt somewhat faint; gets about in a wheel-chair. Has no pain. Can semiflex the thigh. Pulse still high.

16th.—Albumen noticed in urine.

23rd.—Went out. Wound not quite closed; still dressed with carbolic oil.

Jan. 13th, 1873.—Walks with one crutch. Thigh in good position, and but little shortened; he bends it readily. There is still some discharge from the sinuses above-mentioned; no bone has come away.

He appeared at the hospital from time to time, and seemed to improve steadily. The discharge from the sinus became very scanty, and he was able to walk a few yards without a stick. In May he was attacked with dropsy, and his urine was full of albumen. He gradually sank from this complication, and died early in June.

LEEDS GENERAL INFIRMARY.

CASE OF COLOTOMY; CURE.

(Under the care of Mr. JESSOP.)

THE following notes were taken by Mr. A. W. M. Robson.

Isabella T——, aged twenty-six, unmarried, was admitted on June 21st, 1872. She states that she has never had syphilis, and enjoyed very good health up to the age of nineteen, when she was confined of a large boy, the labour lasting twelve hours, and being ended by the natural efforts. Since that time she has been troubled with a constant, coloured, vaginal discharge, and with constipation, always having to take some aperient to have her bowels moved. A little time after her confinement she noticed her motions were of smaller calibre than natural, and although they were round when her attention was first attracted to them, they after a time became flattened, as if compressed, and about the thickness of the little finger. She also had pain during defecation, and a sense of tightness in the bowel. About nine months after delivery she had an attack of dysentery which lasted for three weeks. Three similar attacks have occurred since. Three months after her first attack she applied for advice to a surgeon, who told her she was suffering from piles, which he ligatured. Three years after her confinement she noticed a fistula in the posterior vaginal wall, through which a little fæcal matter came at each act of defecation. She remained in a similar condition up to the time of her admission into the infirmary, "a period of seven years."

On admission she had a thin, pale, and sallow appearance, and an anxious expression of countenance, looking much older than she really was. She complained of having a constant coloured discharge from the vagina, and of great difficulty in defecation, having to take some aperient each time she wanted to have a motion. The fæces were formed into flattened pieces about the thickness of the little finger, and were often covered with blood and pus, at which times they gave her pain in passing them. Sometimes she said they contained fleshy masses, "resembling pieces of sheep's lung"; then they were always free from blood, and gave her no pain. On examination per rectum the index finger passed into a tight stricture, two inches within the sphincter, but the termination of the constricted part was out of reach. There was a recto-vaginal fistula, about the size of a halfpenny piece, situated one inch and a half from the vaginal aperture.

On Aug. 7th, whilst under the influence of chloroform, the stricture was dilated by means of Weiss's dilator, and a No. 7 rectal bougie passed. Bougies were passed from time to time up to Sept. 11th, when she was made an out-patient, being able to pass larger and less flattened motions without pain.

On Oct. 14th she was readmitted to the infirmary with symptoms similar to, but much worse than, those she had on her previous admission. The menorrhagia, however, was somewhat better, the fluid being less abundant and lighter coloured. On the 20th a No. 1 bougie was passed through the stricture.

Nov. 7th.—A consultation was held, and it was decided that colotomy should be performed if bougies could not be made to pass.

11th.—Ether was given, but not even a No. 1 bougie could be passed. She was ordered a grain of opium every six hours, but this, instead of constipating, caused diarrhœa, which continued up to the day appointed for operating, although chalk mixture and other remedies were given.

28th.—She was anæsthetised by means of ether, and Amussat's operation for colotomy was performed. After the incisions had been made, and the lower part of the left kidney felt, sutures were passed through what was thought to be the colon, but which was found to be simply areolar tissue. After searching a little deeper, intestine was found and opened, but as it was narrow, and there was no appearance of fæcal matter, it was doubtful whether or not the small intestine had been opened. The edges of the bowel were attached to the skin near the middle of the external incision by silver sutures, and the edges of the wound, internal and external to the bowel, were also brought together by similar sutures. No ligatures were required, as there was very little bleeding.

She passed some feculent matter and flatus by the artificial anus on the day following the operation, and every day after that quite regularly and without pain; but nothing passed per rectum till Dec. 14th, when a very little loose motion was discharged. During the first week after the operation she had pain and tenderness in the left lumbar and iliac regions, with a distended abdomen, but after that she had no more trouble until Dec. 20th, when she complained of pain in the abdomen, which was relieved by the discharge of a quantity of pus from the wound at the inner side of the artificial anus. She got up for the first time on Dec. 16th, and remained out of bed for an hour and a half. After this she got up every day.

Jan. 15th, 1873.—She only required to have her bowels moved twice a day, but immediately the fæcal matter arrived opposite the opening in the colon she had no power of retaining it.

25th.—She complained of pain in the left iliac fossa, where there seemed to be some deep-seated induration. She

had a slight discharge of pus from the anus. An aperient was ordered, consisting of mercurial pill and black draught, being the first given since the operation. It acted freely, and gave some relief, but she was not perfectly freed from pain until after a free discharge of pus from the inner side of the artificial anus.

On Feb. 13th an ivory plug was placed over the opening, and held *in situ* by strapping. This answered its purpose moderately well until Feb. 26th, when a kind of truss was applied having a second spring, to the end of which was attached the plug.

March 1st.—The instrument seemed to act well. She was made an out-patient.

May 20th.—Returned to have another instrument made, as the last did not retain the fæces properly. She received a soft belt with a porcelain plug, which answered fairly. Nothing had passed per rectum since she left, and she was enjoying very good health.

Aug. 20th.—She was engaged as a probationary nurse to the infirmary. She said she had discarded all instruments for a simple pad of lint, as she had power of retaining the fæces, and usually only needed to have her bowels moved once a day.

On examination per rectum the lower two inches of the bowel was found to be a cul-de-sac, as the stricture had completely closed the canal.

She is now (November, 1873) discharging the duties of nurse in the infirmary efficiently and with ease. She has gained much flesh, and her appearance is that of a moderately healthy woman. The skin around the artificial opening, even to the very edge where it joins the mucous membrane, is perfectly natural.

BIRMINGHAM GENERAL HOSPITAL.

Two cases of ligature of the femoral artery for punctured wounds have recently occurred in the surgical practice of this hospital, the particulars of which, furnished by Mr. Bennett May, house-surgeon, are shortly given below.

1. A. S——, a lad aged fourteen, was brought to the hospital September 1st, 1873, suffering from a punctured wound in the front of the right thigh, an inch below the apex of Scarpa's triangle, caused by a fall on a small sharp chisel which he was carrying. He was in a state of syncope from previous hæmorrhage, and blood was still flowing pretty freely from the wound. The hæmorrhage was first arrested by plugging and by the application of the tourniquet. A short time after admission Mr. Pemberton proceeded to ligature the vessel at the point of injury. The original wound was enlarged three inches each way, and after a tedious and prolonged dissection the wound of the arterial wall was exposed. A considerable opening was found in the artery just as the vessel perforates the adductor magnus to become the popliteal. By means of an aneurism needle a catgut ligature was applied above and below the wounded point.

His recovery, which is now nearly complete, was delayed by extensive burrowing of matter among the muscles.

2. In this case, a patient of Mr. Goodall's, both femoral artery and vein were severed and ligatured.

S. T——, a butcher-lad, aged eighteen, was brought to the hospital September 13th, 1873, with a small punctured wound of the thigh, about four inches and a half below Poupart's ligament, and directly over the course of the femoral vessels, inflicted by a sharp butcher's knife. He was in a state of syncope and pulseless, but bleeding had ceased. A continuously increasing swelling beneath the wound gave evidence of escape of blood into the tissues.

In operating Mr. Goodall enlarged the original wound three inches each way in the line of the axis of the vessel, passing at one sweep through the various tissues infiltrated with blood almost down to the wounded artery. The mouth of the vessel, which had been completely severed, was at once detected by a gush of arterial blood, and both ends were secured by catgut ligatures. After securing the artery, it was found there was a considerable escape of venous blood, and a little sponging showed that the vein also had been severed, and required a ligature to its divided extremities. On the day following the operation the temperature of the limb was not lowered, or its sensation altered, nor was there any œdema or appearance indicating that the circulation in the main trunks had been arrested. Pulsation could be felt in the tibials on the third day, and in three weeks the wound had healed.

DUNEDIN HOSPITAL.

FRACTURE OF THE CORACOID PROCESS OF THE SCAPULA BY MUSCULAR ACTION.

THE following notes have been furnished by Dr. Edward Hulme, surgeon to the hospital.

Joseph H——, aged fifty-seven, miner, was admitted on April 26th, 1873. He stated that three weeks previously he was on a bank, in the act of passing through a wire fence, when he slipped, and in falling his left arm caught in one of the wires. He instantly felt a severe pain in the fingers, followed by loss of power in the arm and inability to raise the elbow from his side.

On examination it was found that the coracoid process of the left scapula was fractured and drawn downwards. This was treated by flexing the forearm on the arm, carrying it across the chest, forcing the head of the humerus upwards by pressure on the elbow, and fixing the arm to the side. The depressed and movable fragment of the process was elevated and kept in position by a flat piece of cork, over which a broad strip of adhesive plaster was passed from below upwards, over the shoulder across the back to the opposite side.

At the end of six weeks the fracture was firmly united, but with the end of the process somewhat depressed. He gradually gained strength in the arm and power to raise the elbow from his side, and left the hospital on the 26th of June, 1873.

Medical Societies.

ROYAL MEDICAL AND CHIRURGICAL SOCIETY.

TUESDAY, NOVEMBER 11TH, 1873.

DR. C. J. B. WILLIAMS, F.R.S., PRESIDENT, IN THE CHAIR.

A SUCCESSFUL CASE OF ABDOMINAL SECTION FOR INTUSSUSCEPTION, WITH REMARKS ON THIS AND OTHER METHODS OF TREATMENT.

BY JONATHAN HUTCHINSON, F.R.C.S.,
SURGEON TO THE LONDON HOSPITAL, ETC.

THE author first narrated the particulars of a successful case in which he had opened the abdomen for the relief of intussusception. The patient was a child aged two years. The intussusception had commenced at the cæcum, and was of such length that its extremity, presenting the inverted ileo-cæcal valve, was extruded several inches at the child's anus. The condition had been one month in course of development; latterly the case had been treated as one of prolapsus, and attempts had been made to keep the bowel in place by means of a cork pad. The child was very ill, and the author having failed in attempts to effect reduction by enemata &c., and having had experience of several similar cases which had ended fatally, determined to operate. The child was put under chloroform, and the abdomen was opened in the middle line, below the umbilicus. The intussusception was then easily found, and as easily reduced. The after-treatment consisted only in the administration of a few mild opiates, and the child made a rapid recovery.

The author next narrated briefly the particulars of three somewhat similar cases in which he had been consulted, and in which the intussuscepted bowel could be easily felt by the finger in the rectum. In all three, in spite of persevering treatment by injections, bougies, &c., the patients had died unrelieved.

Without attempting anything like a statistical analysis of recorded cases, the author appended to his paper, in tabular form, the notes of a very considerable number of cases bearing upon the diagnosis and treatment of similar lesions.

From the consideration of these the following conclusions were suggested:—

1. That it is by no means very uncommon for intussusception to begin at the ileo-cæcal valve, and to progress to

such a length that the invaginated part is within reach from the anal orifice, or even extruded.

2. That it is of great importance in all cases of suspected intussusception to examine carefully by the anus.

3. That in almost all cases of intussusception in children, and probably in most of those in adults, the diagnosis may be made certain by handling the invaginated part through the abdominal wall.

4. That the prognosis of cases of intussusception varies much; first, in ratio with the age of the patient, and, secondly, with the tightness of the constriction.

5. That in a large proportion of the cases in which children under one year are the patients, death must be expected within from one to four or six days from the commencement.

6. That in the fatal cases death is usually caused by shock, or by collapse from irritation, and not by peritonitis.

7. That in many cases it is easy, by estimating the severity of the symptoms (vomiting, constipation, &c.), to form an opinion as to whether the intestine is strangulated or simply irreducible.

8. That in cases of strangulated intussusception, whilst there is great risk of speedy death, there is also some hope that gangrene may be produced, and spontaneous cure result.

9. That in cases in which the intussuscepted part is incarcerated and not strangulated, there is very little hope of the occurrence of gangrene, and it is probable that the patient will, after some weeks or months, die, worn out by irritation and pain.

10. That the chances of successful treatment, whether by the use of bougies or by the injection of air or water, are exceedingly small, excepting in quite recent cases, and that if the surgeon does not succeed by them promptly, it is not likely that he will succeed at all.

11. That the cases best suited for operation are those which have persisted for some considerable time, and in which the intestine is only incarcerated, and that these cases are also precisely those least likely to be relieved by any other method.

12. That in the cases just referred to, after failure by injections, bougies, &c., an operation is to be strongly recommended.

13. That the records of post-mortems justify the belief that, in a considerable number of the cases referred to, the surgeon will encounter no material difficulty after opening the abdomen.

14. That the circumstances which might cause difficulty are—(1) the tightness of the impaction of the parts; (2) the existence of adhesions; and (3) the presence of gangrene.

15. That, in selecting cases suitable for operation, the surgeon should be guided by the severity of the symptoms to an estimate of the tightness of the strangulation, and as to the probability of gangrene having already set in.

16. That in cases in which the patient's symptoms are very severe, or the stage greatly advanced, it may be wiser to decline the operation, and trust to the use of opiates.

17. That the operation is best performed by an incision in the median line below the umbilicus.

18. That in cases of intussusception in young infants (under one year of age) the prognosis is very desperate, scarcely any recovering excepting the few in whom injection treatment is immediately successful, whilst a large majority die very quickly.

19. That the fact just mentioned may be held to justify, in the case of young infants, very early resort to the operation.

20. That it is very desirable that all who, in the future, have the opportunity for post-mortem examination of intussusception cases should give special attention to the question as to whether an operation would have been practicable, and should record their results.

Mr. SPENCER WELLS said that in the case of his alluded to in the paper he did not doubt that if the operation had been performed twenty-four hours earlier it would have been successful. The child was then moribund. He made a small incision, and passed in two or three fingers. He had some difficulty in withdrawing the intestine; probably there were some adhesions; the transverse colon had passed into the descending colon. He had operated upon other cases, one with Dr. Richardson, in which the cæcum had passed into the transverse colon. Nélaton had recommended his operation in such cases: opening the bowel in the right iliac region, and stitching it to the parietes, thus giving relief and time for other changes to take place. He thought if the operation was to be done, it should be performed before it was too late.

Mr. HOLMES referred to an unsuccessful case of operation for intussusception in an infant. There was no difficulty in withdrawing the bowel. The child died in a short time from inflammation. It was an acute, not a chronic, case. The absence of adhesion between the two serous surfaces of the bowel in the chronic cases was an interesting point, and he thought the mechanical difficulty was not so great as had been supposed, judging from acute cases. Would not the method of examining the abdominal cavity by the rectum assist the surgeon in his diagnosis? This could be done easily under anæsthesia.

Dr. HILTON FAGGE did not think Mr. Hutchinson's views applicable to all cases of intussusception; a distinction should be made between invagination and strangulation. He referred to a case he had seen lately. In May a child had an abdominal tumour and attacks of pain once or twice a day. Nothing but a hard tumour was noticed, and intussusception was not at first suspected. At the end of July no blood had been noticed in the stools. Two or three days after there was blood, and the child died in two days. Ileo-cæcal invagination was found. Would Mr. Hutchinson have advised operation in such a case? Last summer he met with the following case:—A child was well in the morning; it complained of pain about 11.30 A.M.; passed an evacuation about 1 P.M.; and was brought to the hospital in the afternoon. A tumour was detected in the abdomen, and inflation was tried. The tumour disappeared, and fæces were passed. The child had occasional pain for a day or two. On the seventh day the tumour again appeared. Inflation was again tried, but unsuccessfully. On the eighteenth day the tumour disappeared and all the symptoms, and the child went home well. He thought in such cases it was much better to wait for further symptoms.

Dr. THOROWGOOD related a case under his care in which enemata had been employed. At the post-mortem examination the invaginated part was easily drawn out. There were no signs of peritonitis and no adhesions.

Mr. BARWELL thought there was a possibility of cure even after inflation and injection had failed. Mr. Hutchinson seemed to discourage such attempts. He related the case of a child on whom inflation and injections were tried, but without success; then the child was put fully under opium, and kept so. Injections were again used, and with partial success. The opium was continued, and the injection repeated with success. The child recovered.

Dr. EASTES related a case under his care of a child who had had pain and a tumour in the abdomen for a week. Opium was given, then insufflation was tried without success, then a very large quantity of water was injected with good result—fæces were passed, and the child got well. He thought that belladonna might be given advantageously with opium, and that milk should be used for injection in preference to water.

Dr. SYMES THOMPSON did not think belladonna was of so much use as opium, and referred to a case he had seen in consultation, probably of volvulus, in which it had been tried. The paroxysmal pain was so great that chloroform was obliged to be given.

Mr. HUTCHINSON said that since he had sent in his paper three fatal cases of operation performed on the Continent had been brought under his notice—one a child six months old, who died six hours after the operation; another by Pirogoff, in which the intestine was not freed, and the child died of gangrene; and the third, a child twelve weeks old, a hopeless case before the operation; so that now there were on record five fatal cases and four successful ones. He quite agreed with those who urged the continuing of inflation whilst there was any hope of success. Several authors said great harm resulted from continuing insufflation if it did not succeed at once, as there was little hope of succeeding later, and advised the giving of opium and waiting for gangrene. If he could not operate, he would go on with injections day after day. Mr. Barwell's case was interesting, as proving the usefulness of this. When he was consulted in his case the bowel had been down for a long time. In Dr. Fagge's case he should not have operated, as the bowels had been opened after inflation. He thought

we might diagnose whether the bowel was loose by its slipping down gradually, as it did in his case for a month. When the bleeding was free he should say there was tight strangulation. If a portion of the bowel had been down long he did not think inflation would be of much use. Few cases like his would have been successful if treated by mild measures.

MEDICAL SOCIETY OF LONDON.

MONDAY, NOVEMBER 10TH, 1873.

DR. S. O. HABERSHON, F.R.C.P., PRESIDENT, IN THE CHAIR.

MR. A. E. DURHAM related a case in which he had removed a portion of lint that had been accidentally introduced into the pleural cavity through an opening made for the evacuation of an empyema. The patient, a man aged nineteen, came under the care of Dr. Wilks in Guy's Hospital in September, 1869. He had been ill six or eight weeks, and had pleuritic effusion on the left side. The heart was pushed quite to the right of the sternum. The left side of the chest was much distended; the intercostal spaces were bulging. Mr. Durham introduced a medium-sized trocar and canula just above the sixth rib, about an inch below and rather to the sternal side of the nipple, and drew off about a pint and a half of pus. As the escape was not free enough during the next ten days, the opening was enlarged, and a drainage-tube placed in. As the pus did not escape very freely, the tube was withdrawn, and the cavity kept open by a plug of lint soaked in carbolised oil. During the night of December 14th the plug of lint was drawn into the chest by a violent inspiratory effort. The patient said "he felt it go right flop down on his heart"; in the morning he felt it close to his spine. Mr. Durham introduced a pair of long slender forceps, of special construction (exhibited), which he had designed for the removal of foreign bodies from the œsophagus, and, using them probe-like, felt the piece of lint at the extreme posterior part of the pleural cavity. Opening the forceps, he fortunately succeeded in seizing the lint at the first attempt, and withdrew it without the slightest difficulty. From this period the man progressed satisfactorily; the lung expanded to some extent, and the chest wall fell in. The opening was permanently established, and the pleural cavity was daily washed out. The lotion was poured in, and then, the patient having turned over, it was allowed to run out. The man left the hospital in April, but returned in October, 1872, having in the interval followed his occupation as a shoemaker, and having continued to wash out his pleural cavity almost as regularly as he washed his face. He was suffering from symptoms of amyloid disease of the viscera with albuminous urine. He left the hospital on December 11th, and died soon afterwards. No post-mortem examination was allowed. Mr. Durham called attention to the construction of the forceps he had used, and showed several modifications adapted for use on different parts of the body, and stated that, as far as he knew, no other instrument had been yet designed with which the foreign body in question could have been reached and so easily withdrawn.

Mr. BRUDENELL CARTER related the case of a girl, aged seventeen, who was shot in the chest. A large effusion of blood took place into the right pleural cavity. Empyema ensued, and a drainage-tube was passed; traumatic delirium then set in, and the tube, about six or eight inches in length, slipped into the chest. A second tube was at once introduced and worn for two years. The patient then becoming insane, she was placed in an asylum, and the fluid was unfortunately again allowed to accumulate. On her discharge a third tube was introduced, and is being worn by the patient at the present time, who is doing domestic work, and during the last seven years there have never been any symptoms referable to the foreign body in the pleural cavity.

Dr. SYMES THOMPSON gave an instance of a gum-elastic catheter, seven inches long, which had accidentally slipped through an opening in the thorax, and which remained there without exhibiting any signs of its presence till the death of the patient, about seven months after, from exhaustion.

Mr. MAUNDER asked why, in empyema, the pus always pointed at the upper and anterior part of the chest? It was most important to determine whether the best way to evacuate the pus was by means of a free incision, or by removing the fluid by a small opening, at the same time taking care to prevent the entrance of air.

Dr. ROUTH thought the injection of iodine or carbolic acid was indicated, so as to set up adhesive inflammation.

Dr. SANSOM spoke very highly in favour of the aspirator.

Mr. ROTES BELL was averse to using the aspirator, and thought it a troublesome instrument. He thought it best to introduce a long probe from the front, and pressing against the intercostal space behind, between the eleventh and twelfth ribs, to cut down upon it, and, passing a long drainage-tube through the opening, to tie the ends together.

Dr. CRISP suggested the plan of tying the tube to a piece of silk fastened round the patient's body.

Dr. WILTSHIRE said that the patient in Mr. Durham's case had died of albuminoid disease, dependent in all probability on chronic suppuration. He thought the important question was how to close the chest quickly, so as to limit the time of suppuration.

Mr. DURHAM, in reply, said that the pointing of the pus took place where it did as at that point there was the least resistance. He was in favour of keeping up a constant drain, and did not advise repeated tappings. He then demonstrated a plan by which the drainage-tube was made to fit tightly into the opening made by the trocar.

Dr. SYMES THOMPSON showed a specimen of Scrofulous Kidney. E. T——, aged thirty-eight, thin and very pallid, a bootmaker, had been troubled with irritation of the bladder for three years, and had been thrice sounded for stone. A large tumour was felt in the left hypochondriac and lumbar regions, extending to within two inches of the umbilicus; it could be felt deeply in the lumbar region behind. The free margin of the tumour was rounded, and the hand could be introduced between the tumour and the margin of the ribs. It conveyed an obscure sense of fluctuation to the touch, and was dull on percussion, except where covered by intestine. A fortnight before death, large quantities of pus were discharged with the urine; micturition was frequent, and occasional streaks of blood were detected. The tumour greatly diminished in size; two days before death the veins of the left leg became painful and obstructed. At the autopsy the lung was found to contain miliary tubercles. The left kidney now shown weighed 1 lb. 12 oz. It was adherent to the surrounding viscera, which formed the walls of several large cysts, and on separating the organ a considerable quantity of greenish purulent matter escaped. The left ureter was thickened, but otherwise normal. Dr. Thompson remarked that the diagnosis of this case afforded some interest. The extreme pallor of the patient, his tendency to faint on assuming the upright position, the freedom from heart mischief or sign of extensive lung disease, together with the tumour on the left hypochondrium, suggested leucocythæmia, but the blood showed no decided excess of white corpuscles, and the abdominal tumour was not in the usual position of an enlarged spleen. The diagnosis of pyelitis was confirmed by the discharge of pus with the urine; prior to this discharge, the question whether the matter was in the kidney or in the neighbouring cellular tissue could not be confidently decided. The strumous aspect, phthisical family history, with developed though not advanced lung disease, were all confirmatory of the view that the case was one of suppurating tubercle in the kidney. Primary tubercle of the kidney is less common secondary than in the proportion of four to one. In the latter both kidneys are always affected, and no symptoms are observed during life. Primary tubercle of the kidney is more common in children than in adults. A tumour is observed in about one quarter of the cases.

The PRESIDENT called attention to the fact that in albuminuria it was at times difficult to detect the albumen; but if the urine was allowed to stand for twenty-four hours, and the lowest part of the urine then examined, the presence of albumen would at once become apparent. He mentioned that a gentleman who had suffered much from renal calculus had been for seven years before his death free from any symptoms. He remarked on the length of time the symptoms might last, and instanced a case where the patient's symptoms commenced when he was sixteen and continued at intervals till he was sixty. Every now and then a large

tumour formed in the right side of the abdomen, a free discharge of pus took place into the urine, and the tumour gradually diminished. This occurred several times, and at his death, which took place from malignant disease, a large calculus was found in the lower part of the right ureter.

Dr. CRISP mentioned the case of a gentleman who, while performing an athletic feat, was seized with sudden and severe pain in the lumbar region. The pain lasted three hours. He died a year after from heart disease. A renal calculus, about the size of a man's finger, was found; this was in two pieces, and doubtless the fracture had caused the sudden attack of pain.

Mr. DURHAM gave the particulars of a case in which he had removed the kidney after having freely incised it at a previous operation, and in which, although all the symptoms pointed clearly to stone in the kidney, yet the organ proved to be quite healthy; no stone was detected anywhere in the urinary tract.

Dr. ROGERS spoke of the difficulty in diagnosing some of these cases. He narrated the history of a lady who had two years after a fall various abscesses and sinuses form in the iliac region and around the pelvis, leading to the belief that carious bone existed. During the whole of her illness there was no trace of blood, pus, or albumen in the urine; and it was not until after her death that the true source of the mischief was discovered. A calculus which had formed in the kidney caused suppuration, and was found external to that organ in a large abscess, with which all the sinuses communicated. With the exception of one cyst in the kidney, the whole of that organ was healthy.

Mr. CRIPPS LAWRENCE said he was present at the post-mortem examination of an infant aged eight months who had died of pneumonia, and a calculus of the size of a pea was found in the left kidney; the tubules were also filled with uric-acid crystals.

Dr. FARQUHARSON threw out the suggestion that clots of blood following blows in the lumbar region were often the cause of renal calculi.

CLINICAL SOCIETY OF LONDON.

FRIDAY, NOVEMBER 14TH, 1873.

MR. PRESCOTT HEWETT, PRESIDENT, IN THE CHAIR.

Dr. GEORGE JOHNSON related some cases of

POISONING BY HOMŒOPATHIC "CONCENTRATED SOLUTION OF CAMPHOR."

CASE 1. Miss F——, aged twenty, having a cold and sore-throat, took in water twenty-five drops of "Epps's concentrated solution of camphor." She went to bed, and in a short time was found foaming at the mouth, black in the face, and violently convulsed. Mr. Drake, of Brixton, was sent for in great haste. For several hours she was unconscious. She vomited blood-tinged fluid smelling strongly of camphor, and had severe gastric pain. For several days she was partially paralysed, and six months afterwards she was still suffering from symptoms of nervous derangement. The preparation which caused these serious results is a saturated solution of camphor in alcohol, the proportion being an ounce of camphor to an ounce and a quarter of spirit. It is therefore stronger than the spirit of camphor of the British Pharmacopœia in the proportion of 7·2 to 1. CASE 2. The Rev. W. R—— was advised to take for a cold three drops of the same preparation every five minutes for an hour. After taking the eighth dose he was seized with intense headache, which confined him to bed for forty-eight hours, and he was afterwards so weak and ill that he was unable to enter his pulpit for two months. CASE 3. Another case was communicated to Dr. Johnson by Mr. Delamark Freeman. A young lady, aged nineteen, took for diarrhœa a teaspoonful of the same preparation, which rendered her comatose for several days, and caused a variety of nervous symptoms, which did not pass away for several days. Dr. Johnson remarked upon the notorious fact that many of the disciples of Hahnemann have passed from the irrational and ludicrous extreme of infinitesimal dilutions to the dangerous extreme of the greatest possible concentration of active and poisonous drugs. There is an obvious risk that this concentrated solution of camphor may be mistaken for the much weaker solution of the British Pharmacopœia —a mistake which, in spite of the printed directions on the bottle, was probably made by both the young ladies who suffered so seriously for their error.

Dr. EASTES said he had met with some homœopathic globules of morphia containing one grain instead of $\frac{1}{1000}$th as they were said to be.

Mr. BRUDENELL CARTER said that, from what he had heard from a chemist, many of the globules sold contained none of the drug they were said to contain.

Dr. H. WEBER said that camphor was now much used for colds, and he had met with cases of headache and neuralgia from its excessive use. He had never seen such severe symptoms as mentioned in the paper.

Dr. GREENHOW thought Dr. Johnson's paper very useful as pointing out the great danger of using camphor too freely. Referring to homœopathic remedies, he spoke of a lady who consulted him for symptoms of mercurial poisoning after taking "mercurius." A wrong view was taken of homœopathy in supposing it consisted in giving small doses. The theory of the thing was most absurd, and contrary to known scientific observations.

Dr. A. P. STEWART thought that most knew now that the homœopaths used the strongest tinctures. He had seen many cases of camphor doing harm; also of nux vomica, strychnine, &c.

Dr. ANSTIE related a

REMARKABLE CASE OF DEATH FROM MENINGEAL CONGESTION WITHOUT INFLAMMATION.

The patient was an active, intelligent lad of nearly thirteen years, previously quite well. At the end of his school vacation he had a slight swelling of some cervical glands, and looked somewhat pale, but was quite cheerful and lively. He went back to school for a week, did his lessons with ease, played football, and sculled on the river; but during the whole time a sense of stiffness in the legs was gaining upon him. On October 5th the boy fell down on getting out of bed; and on Dr. Anstie visiting him, it was found that he had lost the power to stand, but could execute any movements of the legs when sitting or lying, though rather slowly. There were tingling sensations in the fingers and toes, but no other affection of sensation. There was a total absence of pyrexia; pulse 85, full, but compressible. The upper limbs almost immediately became implicated in the loss of power; the right arm and (to a less extent) the right leg were more affected than the left limbs. Throughout the case, sensation of all kinds was only very slightly affected. There never was any fever, either subjective or as measured by the thermometer. The pulse continued to increase in frequency and to lose in power; it was 130 in the evening of the third day. On this day paralysis of the sterno-mastoids had been detected in the morning; and towards night paralysis of the respiratory muscles set in, and this last symptom steadily increased till it proved fatal at one o'clock the next day—viz., October 8th, the fourth day (inclusive) since the commencement of actual paralysis. Neither speech nor swallowing was affected; and there never was the least interference with consciousness or intelligence till within five minutes of death. The affection was diagnosed on the third day by Dr. A. Clark, with the concurrence of Dr. Anstie, as congestion of the spinal cord and medulla oblongata. Post-mortem examination by Dr. Anstie and Mr. W. Haward entirely verified this diagnosis. The only pathological phenomenon was congestion, and that congestion was strictly and very remarkably limited to the vessels of the meninges of the cord and the medulla oblongata, and the sinuses at the base of the skull. There was no trace of effusion either of serum, lymph, or blood. The absence of inflammatory products agreed with the symptoms during life, for there was no muscular rigidity or pain on movement; no pyrexia, and no paralysis of the sphincters of either rectum or bladder. Dr. Anstie remarked on the rarity of these cases of rapidly fatal congestion, and the little information that is to be found on the subject in the literature of nervous diseases. In Dr. Radcliffe's treatise, however ("Reynolds's System of Medicine," vol. ii.), the occurrence of rapidly fatal cases is alluded to; and Dr. Radcliffe had privately related several such instances to Dr. Anstie, in which death occurred on the fourth day from the first decided symptoms. Dr. Andrew Clark (whose absence was much regretted) had also, it appeared, seen some similar cases, and, what is more important, believes that he has seen one such

recover. But there can be little doubt that the malady, coming on in the shape and with the rapidity shown in the case which formed the subject of the paper, presents very little ground for hope of success in treatment. "Derivation" of blood from the affected part would be the ideal treatment; and in the present instance it was attempted by means of diaphoretics, and would have been further attempted by means of purgation had not the case become too evidently hopeless. But Dr. Anstie thinks that it is more than doubtful whether effects of this sort can be really produced, either by these measures or by leeching to the anus, &c. The etiology of Dr. Anstie's case was remarkably obscure. Of causes that have been assigned as capable of producing spinal congestion—viz., external cold, repressed hæmorrhoids, extreme over-exertion, &c.—none were in operation; and it seemed impossible to give even a rational guess at the cause.

Mr. BARWELL asked what was the condition of the pupils, and whether the muscles were rigid or flaccid.

Dr. CHARLES CARTER related the following case, very similar to Dr. Anstie's:—A young naval officer, serving on the China station, a temperate man, who had previously enjoyed good health, complained one day of pain in the legs and stiffness of the joints. As he had taken a long walk—twenty to twenty-five miles—a few days before, it was supposed to be due to that. The pain and stiffness continuing, it was thought to be rheumatic; suddenly he lost power in his legs, falling down whilst walking. He was the next day taken to the hospital, and died there a few days after. The paralysis gradually crept up the trunk to the upper limbs and the respiratory muscles, and he died asphyxiated. There was no loss of sensation; the bladder and rectum were not involved; the mind was clear to the last. At the autopsy nothing was found in the spinal cord to account for the symptoms.

Dr. SOUTHEY said he had lately had the following case under his care:—A gentleman, who was a great rider, on returning home one day, complained of stiffness in the legs, and he walked on his heels; the next day he could not use the left leg; then he lost power in the other, and could not turn in bed. He had led an irregular life, and taken a large amount of stimulant. Dr. Southey ordered tepid baths and abstinence, with good and nutritious food. The patient made a good recovery.

Dr. SYMES THOMPSON said he had received an account from South Africa of a case which was somewhat similar. A patient complained of pain and stiffness in the neck; then paralysis came on, both of the legs and the arms. The patient was now better, though there still remained partial paralysis of the leg. This was not the only case there, but many similar ones had occurred at Port Elizabeth. The symptoms somewhat resembled those of spinal meningitis.

Dr. GEO. HARLEY related the following case which had occurred five years ago:—The son of a medical man, aged seventeen, complained about six days before his death of a stiffness of the neck; a liniment was used. The next day the limbs were stiff; he went to his office, and also the next day, but on getting down from his stool he fell, and then staggered in his walk. He was sent home, but could not walk upstairs. Strychnine and aperients were employed. Dr. Harley was called to see him the day he died. There was no pain, no loss of sensation; the motor paralysis gradually crept up the trunk, affecting the respiratory muscles, and he died asphyxiated. The pulse varied at times—66, 84, 100. Speech somewhat affected, a difficulty of swallowing, and some difficulty about the rectum. Belladonna injections were tried, as it is said to constrict the vessels of the cord. All the symptoms reminded him of what he had seen in animals poisoned by woorari. A post-mortem examination was made by Dr. Lockhart Clarke. On taking out the brain black fluid blood welled up from the cord; the anterior column of cord congested, and under the microscope the fibres were damaged, looking as though the axis cylinders were compressed. There was no congestion of the meninges.

Dr. ANSTIE, in reply, said that nothing remarkable was noticed about the pupil; the muscles were flaccid. The case related by Dr. Carter was evidently of the same class as his. He thought the case of Dr. Southey was probably spinal congestion; its peculiarity and cure depended upon its being due to alcohol. He considered the case referred to by Dr. S. Thompson as one of meningo-myelitis, or cerebro-spinal meningitis, and this accounted for the rigidity of the muscles of the neck (a mark of inflammation, not congestion), and this its epidemic character confirmed. Dr. Harley's case differed from his by there being actual inflammation. The description of the congestion in his case was also different; in the case he reported all the blood of the body appeared to be in the cord. Dr. L. Clarke also said the cord was altered. He thought Dr. Harley's was myelitis, the bladder and rectum being affected; this was never so in congestion. Dr. Yeo had asked if congestion alone could cause all these symptoms; he would not have said so before this case. In myelitis there was always elevation of temperature, and changes in the cord.

Reviews and Notices of Books.

A Manual of Midwifery: including the Pathology of Pregnancy and the Puerperal State. By KARL SCHROEDER. Translated from the Third German Edition by CHARLES H. CARTER, M.D. pp. 388. London: J. and A. Churchill.

DR. CARTER has done good service in enabling the English student of midwifery to become easily acquainted with what is undoubtedly one of the best German works on obstetrics. He has moreover done his work as a translator, with some few exceptions, very creditably; and we do not doubt that many practitioners will read this book with pleasure and profit. In saying this, however, we believe that its sphere of usefulness will be limited rather to those who do not need a manual of midwifery; while those who do will prefer to have one of English origin. The work comprises eight parts: and includes the physiology of pregnancy, parturition, and the lying-in state; the pathology of pregnancy, and the pathology and therapeutics of parturition; the special pathology of parturition; and, lastly, the pathology of childbed.

There is one point which we think Dr. Carter might have improved upon—viz., in rendering in his translation the French centimetre into its English equivalent. It is extremely troublesome, not to say annoying, for most English readers, in studying a work of this kind, to have frequently to stop and perform an arithmetical calculation of no little intricacy, and the translator might reasonably be expected to save the reader this trouble.

In regard to the general character of the work, it is not necessary for us to criticise it; enough that we recommend it as thoroughly sound in practice; and though not calculated to supersede the use of our English manuals, it is a most useful addition to them, and should be well digested by all who wish for information as to the most recent German views of obstetrics.

Du Cuivre contre le Choléra. Rapport Officiel de M. le Dr. VERNOIS, sur l'Immunité Cholérique des Ouvriers en Cuivre. Instruction pour le Traitement Préservatif et Curatif par le Dr. V. BURG, Médecin Consultant à Vichy et à Nice.

IN the first part of this pamphlet Dr. Burg strongly points out the almost entire immunity from cholera enjoyed by workers in copper. The more these men come in contact with the metal, the more its powder, as absorbed by them, increases in quantity and fineness, and is rendered by oxidation more volatile and easily absorbable, in a like proportion, he asserts, do the cases of cholera diminish amongst them, and finally disappear. After a few more remarks following out this argument, he inserts a report of Dr. Vernois, addressed to the prefect of police, concerning the preservation from cholera of workers in copper. This presents statistical evidence of an overwhelming character. For instance, in what he (Dr. Vernois) calls preservation of the first degree—that is to say, in men who most come in

contact with the metal—there was not one case of cholera in 5650, whilst among the workers in iron there were 202 cases in 28,000, or 1 in 139; and among 7500 workers in other metals there were 42 cases, or 1 in 178. Another statistical record of a society in Paris composed exclusively of workers in copper is very interesting. During the cholera of 1832, amongst 125 members not one death; in 1849, amongst 304 members one death, but this happened to a man who had left his trade for two years and a half. In the years 1853-54, amongst 294 members no death; in 1865, amongst 356 no death; in 1866, amongst 357 no death. The report goes on to mention the names of men in other countries who have made the same observations with like results, after which we have a summing up by Dr. Marchal (de Calvi), who deduces the following practical lesson from it:—First, that copper should be used by everyone as a preventive against cholera, by absorption into the system either through the mouth, the rectum, or the respiratory tracts; second, that the salts of copper, administered in sufficient doses and at a suitable time, have every chance of becoming powerful remedies in that disease.

The second part treats of the innocuous action of copper preparations when administered in a suitable form and dose. Dr. Burg commences by deploring that his Parisian brethren during cholera epidemics were alarmed at the idea of giving their patients thirty centigrammes (about five grains) of sulphate of copper as he had recommended, and limited themselves to minute doses of five to eight centigrammes (about one grain), which could but injure the mode of treatment. He next gives the results of experiments on animals (by others and by himself), in one of which as much as two grammes (about thirty grains) of subacetate of copper was administered to a dog without any bad effects. After having expressed his opinion, supported by the investigations of other men, concerning the rarity of the "colique de cuivre" (copper colic), he proves by his own experience the innocuous and beneficial action of the salts of copper when given in suitable doses, and finishes by saying that if the preparations of this metal are energetic and even poisonous when badly administered, the same remark applies to all active remedies derived from minerals.

In the third and last part the author speaks first of the prevention and secondly of the treatment of cholera by the salts of copper. The two special salts he recommends are the black oxide (particularly for children, as it has no taste) and the double chloride of copper and ammonium, with which he proposes to make a tincture. He most strongly urges the use of these salts as preventive measures, and gives full indications as to the mode in which they should be prescribed. With regard to treatment, he recommends for an adult five centigrammes (a little less than one grain) of the double chloride by the mouth every two hours, and fifteen centigrammes (nearly three grains) by the rectum every six hours, the doses being proportionately less for children and in the premonitory diarrhœa. For the cramps and other painful phenomena he urges that the copper should be applied in its metallic form; a most convenient way, he adds, is supplied by copper coins connected together so as to form a sort of belt. Dr. Burg finishes his pamphlet by an answer to his objectors, in which he brings forward his own former experience at the Hôtel Dieu in Paris.

In the event of a cholera epidemic in London, the contents of this pamphlet, as also of other works by the same author on this subject, are well worth consideration; a trial in London of this treatment by salts of copper would be of great importance, and a statistical record of the greater or less immunity from cholera enjoyed by workers in copper in this metropolis would necessarily be very interesting.

The Pearl of the Antilles; or, an Artist in Cuba. By WALTER GOODMAN. London: Henry S. King. 1873.

THIS, we believe, is Mr. Walter Goodman's *début* in independent authorship, and we congratulate him on its success. An artist by profession, he left Florence, after three years' residence there, for Cuba, to prosecute what the press of that island called the "divine art of Apelles." He soon found, however, that its votaries were more respected than employed; and being a gentleman of much humour and many accomplishments, and everywhere welcomed in society, he bethought him of utilising with the pen the opportunities denied him for the pencil. The result is one of the most delightful portfolios of word-painting we have lately seen. Out of "Gil Blas" it would be difficult to point to a series of adventures and incidents so thoroughly life-like and *naïve*. Cuban society, in town and country, lives and moves before us in all its lights and shadows, "from grave to gay, from lively to severe." The island is on the eve of undergoing a change, if not of masters, at least of institutions; and Mr. Goodman has interposed, just in the nick of time, to do for its social traditions and *modes* what Scott and Cooper have done for the long-vanished life of Gaelic Scotland and Red Indian America.

Historically, this book will always possess its value; but, this consideration apart, its æsthetic merits would of themselves entitle it to permanence. The chapters on "Daily Life in Cuba," "Art-Patronage," "A Night Wake," "A Taste of Cuban Prison Life," and "A Cuban Convent," are simply photographs taken in the happiest style, and representing the oddest traits of character and "situation." For our readers the description of a "West-Indian Epidemic" will have quite a professional interest for its graphic relation of the premonitory and acute symptoms of that imperfectly understood malady, from an attack of which the author recovered with a completeness at which none rejoiced more than his medical friend, Dr. Acéro. The volume, indeed, has something special for almost every class of reader; and, taken along with Signor Gallenga's politico-statistical work under the same title, will afford a better idea of "Cuban civilisation" than we possess of that of other and more important regions.

OUR LIBRARY TABLE.

The Student's Class-book of Animal Physiology. By T. AUSTIN BULLOCK. pp. 224. London: Relfe Brothers. Manchester: John Heywood.—This little work is written with the intention of meeting the requirements of higher and middle-class schools, and of all teachers who may desire to prepare pupils for Government or other science examinations. It consists of a series of questions to which the answers are given. We have looked it through with some care, and find that it gives a very fair though popular account of the chief facts in physiology. A good deal of it is a condensation of Carpenter, but other works have evidently been consulted in its preparation. The chemistry is a little shaky, being in some places given on the new, and in others, as in respect to the composition of urea and uric acid, on the old system of notation. We have considerable doubts about the advisability of the question and answer system, believing that the teacher should know enough to be able to put appropriate questions; but, in so far as such a plan can be made serviceable, we think Mr. Bullock has been successful in his endeavour to instruct the particular class of student for which the book is designed.

The Monthly Microscopical Journal. Edited by Dr. LAWSON. Nos. LVIII. and LIX. Oct. 1st and Nov. 1st, 1873.—These parts contain—1. A Description of the Thread-worm occa-

sionally infesting the Vascular System of the Dog, and its relations to the Hæmatozoa in general, by Mr. Welch. 2. Some curious Researches in Circular Solar Spectra applied to test Residuary Aberration in Microscopes and Telescopes, by Dr. Royston-Pigott. 3. An account of a new Freezing Microtome, by Dr. Rutherford. 4. The Description of an Organism found in fresh pond-water, apparently belonging to the Protozoa, by Dr. Maddox. 5. On some new and very beautiful forms of Diatomaceæ belonging to the species Aulacodiscus and Stictodiscus, by Mr. Kelton, of Norwich. 6. A continuation of the History of Bog-mosses, by Dr. Braithwaite. 7. A paper on the Investigation of Microscopic forms by means of the images which they furnish of external objects, with some practical application, by Mr. O. N. Rood, of Troy, N.Y. Lastly, there are the usual notes and memoranda.

Sketch of Cannes and its Climate. By M. DE VALCOURT, M.D. Second Edition. London: J. and A. Churchill. 1873.—Besides giving a most accurate description of Cannes, this little book contains meteorological charts for the last six years, showing the comparative temperatures, rainfalls, and degrees of clearness of the sky, between Cannes, Paris, London, Geneva, and Munich. They enable the reader to see at a glance the evenness and regularity of the temperature at Cannes, as well as its clear blue sky, and the number of days without any rain. The book also contains chapters on its topography, geology, and vegetation, and the latter presents a most interesting list of plants from hot countries acclimatised at Cannes, and which flourish there throughout the winter. It will prove serviceable, not only to those who intend to visit Cannes, but also to physicians who contemplate sending patients thither. We may add that it has been published both in French and English, while this edition contains several improvements.

The Physicians' and Surgeons' Visiting List, Diary, Almanack, and Book of Engagements for 1874.—London: John Smith and Co. The appearance of this most meritorious little book reminds us of the close advent of the year 1874 for one thing, and for another that the merits of this Visiting List, widely known though they be, are not so widely known as they deserve, or every practitioner would possess a copy. We agree with its compilers that it is adapted to the requirements of the physician and surgeon just as much as to those of the general practitioner.

VACCINATION AWARDS.

IN our first issue for this half-year, we published an epitome of the official regulations under which these awards are granted. We then remarked that the working of this system of awards without furnishing the public vaccinators with a knowledge of the standard of excellence to which they were required to attain, had been shown by experience to be undesirable—a conclusion we had long foreseen. Since then, however, public vaccinators have from time to time displayed dissatisfaction with the granting of these awards. But it is clear to us that an unbiased investigation of the regulations affecting these grants, attention to the stipulations contained in the contracts, and the perusal of a "Notice of the Requirement of Vaccination" would have shown the majority of the dissatisfied ones that they had been aggressive rather than aggrieved.

One supposed hardship, where the attendance at the vaccination station is arranged to be six-monthly, is, that parents become amenable to penalties for not having their infants vaccinated at the age of three months, though no opportunity is afforded for complying with the requirements of the Act. But the second paragraph of the "Notice of the Requirement of Vaccination" under the Acts of 1867 and 1871 states that "these Acts require every child to be vaccinated before it is three months old, or at the next public vaccination held in the district after the child has attained that age"; thus this suggested inconsistency in the law is shown to be imaginary.

It appears that in not a few instances, owing, doubtless, to an oversight of the provision in the law which we have just pointed out, public vaccinators who have contracted to attend their stations at half-yearly intervals have been induced to perform public vaccination at other than the appointed periods and places, an infringement of their instructions which must forfeit for them all claim to a grant, and this not without practical justification. For where the vaccination-periods have been arranged half-yearly, the average of births is too small to afford an opportunity for the selection of lymph, whilst providing for arm-to-arm vaccination at less distant periods.

Thus, taking an average annual birth-rate of 30, which would represent a population of about 1000 in the district, and allowing for private vaccinations, deaths, and removals, there would be some ten or twelve infants ready for public vaccination at each half-yearly period; then, supposing the contractor to attend on four successive Mondays in the months of April and September, on the first he would of course have to use stored lymph, but on the two succeeding Mondays he would probably have some three or four vaccinifers from whom to select vaccine. From this it will be seen that two of the conditions essential to the most satisfactory performance of the operation—namely, an opportunity for the selection of lymph and for arm-to-arm vaccination—are in a great measure lost to the public when contractors fail to vaccinate only at the periods and places specified in their agreements.

Complaint has moreover arisen on the score that the vaccination-register (Schedule B), which every public vaccinator contracts to keep and to make the respective entries in, exacts information (under column 8) respecting the genealogy of vaccine, which must necessarily be doubtful and untrustworthy owing to the frequent exchange of stored lymph between neighbouring practitioners. We should have thought that the importance of accuracy in filling up this column (8), which is designed to supply information for the correct solution of whatever charges may be brought against a vaccinator for using impure lymph, would have been obvious to any medical man. However, the precautions required with regard to the genealogy of vaccine are so clearly detailed in the following extract from paragraph 6 of those instructions by which vaccinators under contract are bound to abide, that it must be difficult to find a reasonable excuse for their neglect. "In storing lymph, be careful to keep separate the charges obtained from different subjects, and to affix to each set of charges the name or the number in your register of the subject from whom the lymph was derived." "Keep such note of all supplies of lymph which you use or furnish as will always enable you, in any case of complaint, to identify the origin of the lymph."

We are glad to be able to state that there now appears to be no valid grounds for complaint against the working of the system by which these awards are granted; and we feel that all public vaccinators will approve the system when they realise a fact of which we are confident—viz., that unless their duties are performed in a manner to merit a grant, they cannot legally claim as having fulfilled the requirements of their contracts.

Of course there may be, and probably are, public vaccinators so conservative as not to wish to adopt any of the more modern precautions which experience has dictated should be observed for the welfare of the public, and who regard all novelties in the way of official instructions as being designed solely for their annoyance or for the gratification of the whim of some individual, rather than for the benefit of the nation and themselves. We counsel such to comply at once with the requirements of their contracts, to gain the awards, and to merit their fees, for by doing so they will not only give themselves much satisfaction, but spare themselves considerable pains in the end. It is, however, far from an established fact that the principle of awards for vaccination is a good one to perpetuate; we would far rather see the fees for contract vaccinations increased, and the requirements of the Acts universally enforced.

THE LANCET.

LONDON: SATURDAY, NOVEMBER 22, 1873.

THE death of Dr. GWYNNE HARRIES, at the age of thirty-three, from scarlet fever contracted in the discharge of his work as a medical inspector of the Local Government Board, raises a very important question which should have been raised before. Better late than never. We quite agree with Mr. SIMON in his estimate of this mode of dying. It is akin to death in battle; and it is no mean consolation to the friends of Dr. HARRIES that his death should have called forth from Mr. SIMON a rare tribute to his attainments, his qualities, and the value of the work he was doing for the department, and through it for the State. We should be vain indeed if we tried to add one word to the well-earned eulogy of the head of the Medical Department. But we shall be excused if we point a moral in connexion with this melancholy event, which, with obvious taste, Mr. SIMON refrained from doing. There is not only no reason why we should be so reticent, but we should be untrue to one of our functions if we were not to point out the fact that the death of Dr. HARRIES at his post, smitten down by a plague into the midst of which he took his life, imposes on the State a moral obligation to extend a friendly hand to his widow. It must needs be that deaths will happen. However we may shut our eyes to the disagreeable fact, the fact remains that medical inspectors who go in every direction, at the word of command, to investigate outbreaks of epidemic disease, incur a special risk, of which, strangely enough, so far as we know, no account has been taken in fixing the salaries of medical inspectors. These salaries, except where special technical services are secured, are calculated on the same scale as the salaries of inspectors who run no such special risks as are incident to the work of medical inspectors. No doubt this is a mere oversight; but the occurrence of Dr. HARRIES' death, following all too soon upon that of Dr. BRODRIBB from typhus, compels the consideration of it. It is not for us to say how the special risk of medical inspectors should be recognised—whether by pension, or by special grant, or by such an addition to salary as will enable them to ensure against special risks. We are well content to leave these details to the departments concerned. Our object is rather to urge the hardship of the case of Mrs. HARRIES bearing the brunt of an obvious official oversight. We shall not multiply words in stating a case so painful, or in urging a claim so evident. Doubtless there is no legal authority for special grants in such cases. But the Government might rely on the unanimous support of the House for any reasonable sum for such a purpose that might appear in the estimates. There will always be men of high character to serve the State by trying to restrict the ravages of epidemic disease. We hope, for the sake of the State and medical science, that the calamity which has befallen Dr. HARRIES will be a rare one. But when it does occur, a great nation like England should regard orphans and widows made by it a part of its peculiar care. The papers, as we write, are expressing just satisfaction that the Government has favourably received an application for a pension for the widow of the discoverer of the North-west Passage. The Treasury does honour to itself by the recognition of such services; they involved the great risk of death. We urge to-day the claims of another kind of service which has ended in most premature and sad death, and we do so with much faith in the power of the Treasury to appreciate the claims we urge.

THE relation of organic beings to inorganic matter, and the forces which weld the organic and the inorganic together in living organisms—such was the theme of Dr. PETTIGREW's introduction to his course of physiology in the Surgeon's Hall of Edinburgh. Of the skill with which he handled it our readers have already had an opportunity of judging. In special qualification for the task few, indeed, can claim equality with Dr. PETTIGREW. His powers as an observer are not more remarkable than his gift of generalisation, as was shown, early in his career, by his papers on the mechanism of the heart and on the homologies of the locomotory apparatus in man and the lower animals. His lectures, delivered last year, on the Circulation, afforded still further proof of his aptitude for physiological discovery, and more than justified his appointment to the lectureship he now holds in the extra-academical school of medicine in Edinburgh. Physiology already owes much to more than one of his contemporaries in the same seat of learning; but we doubt if any of these has established such authentic title-deeds to the intellectual heirdom of their common master—GOODSIR.

But for the fascinating interest of the study Dr. PETTIGREW's young hearers might well have shrunk aghast at the mighty proportions of the science to which he introduced them. Physiology, long restricted by arbitrary definition to the life and organisation of the human body, has returned, under the resistless pressure of modern induction, to its proper and primal domain. It is again, what its name implies, the science of universal nature. Chemistry and physics, more particularly the latter, are now its chief handmaids; and the problem it has now to confront is the distribution of matter and force, not only in the individual, but in the universe. Formerly the physiologist was content to say—"the muscles move the bones." Now, he must explain the substances which constitute, and the forces which energise, the sarcous elements. That a certain animal "lives" sufficed for the physiologist of the earlier day. But the statement must now be followed up by the question: "Does the animal live by direct descent from a parent, or does it descend from a long line of ancestors dating back to the primeval clay of HAECKEL?" The doctrine of evolution encounters the student of physiology on the threshold, and it will be well for him if he is permitted to examine it uninfluenced by any of the *idola* which, according to BACON, militate against the seeker after truth. At this stage of his address to his young audience Dr. PETTIGREW acquitted himself with admirable judgment. "Separate acts of creation," said he, "are not necessary to produce species, and, it is just possible, not even genera.

DARWIN'S colossal idea does not necessarily clash with that of a creative agency—it simply regards creation as a progressive rather than as a finished work."

The arduous nature of physiological study and the polemical issues it involves require in the student a much deeper culture and a better trained understanding than, we fear, he in most cases possesses. To appreciate its problems and to comprehend their provisional solution demand an acquaintance with mathematics, physics, and logic which he has rarely had an opportunity of forming; while the habit of scientific induction and verification has still to be acquired, if he *is* not to become a premature partisan of this or that controversial school. Lecturers of the calibre of Dr. PETTIGREW labour under a distinct disadvantage in addressing such audiences as now confront them. They must often give special tuition in subjects a knowledge of which they ought to assume, and they must treat or touch on certain departments of their course superficially, if they are to retain the attention of their partially instructed hearers. Dr. PETTIGREW has been at evident pains to keep within the limits of the reasonably intelligible, and the success with which he worked down the high and subtle problems of his subject to average comprehension reflects unusual credit on his skill as a teacher. The opposing schools of vitalist and physicist, of panspermist and heterogenist, he placed in clear and impartial light before his audience; and while indicating the doctrine to which he himself, on the whole, inclined, he judiciously refrained from inviting adhesion to it. His statement of the PASTEUR and POUCHET controversy was eminently fair and philosophic, and must have inspired his audience with the belief that doctrines, however much opposed to his own, were perfectly safe in his hands. It is, after all, the possession of such qualifications that constitutes the chief merit of the instructor of youth. Next to a thorough mastery of what he has to teach comes the spirit in which the teaching is conveyed. There can be no question of the philosophical and truth-seeking inspiration under which Dr. PETTIGREW works and expounds. To have passed in review such an array of fact and theory without betraying the animus of the polemic is, in these days of eager controversy and ignoble claims to priority, as refreshing as it is rare. From the key-note which he has struck Dr. PETTIGREW is not likely to deviate; and we congratulate the Edinburgh School on its possession of a teacher who can add to the science which he expounds and yet preserve its symmetry unimpaired by the obtrusion of pet theories or the importation of controversial bias.

SIR GARNET WOLSELEY has already commenced to make his presence felt. He has succeeded in surprising the Ashantees, and inflicting a smart blow on them. The attack seems to have been well designed and skilfully executed. It was very important that the war should have opened successfully for us. A defeat would have crushed out the little courage that remains in the vacillating tribes of the maritime districts, who would have felt more than ever that their foes were not to be beaten by anyone. Now, however, some respect for our military prowess will have been engendered, and the prestige of the Ashantees, once rudely shaken, will be in a fair way of disappearing altogether. Still, if the final blow is to be struck at Ashantee power, it must be struck at Coomassie; and to do this the presence of a European force is deemed essential. The King of Ashantee has only to adopt the Fabian policy of retreating until the advent of the unhealthy rainy season to see the English force retracing its steps homewards, or running the risk of dwindling away by disease. The time for military operations on shore being so limited, on medical grounds, it is essential that the campaign be pushed on with the utmost expedition, and that our action should be short, sharp, and decisive. Before Sir GARNET started we expressed the opinion that an expedition might be undertaken with a fair prospect of success, provided a due regard was given to the fulfilment of certain conditions—viz., that the operations in the field were to be limited to the dry season; that the European troops were not to be sent to the Gold Coast until everything had been prepared; that, when once landed, they were not to remain a day longer than necessary in the unhealthy garrisons of the maritime district, but to be marched to their work, changing ground day by day, until their object was attained; and, lastly, that every advantage should be taken of all those aids and precautions which an advanced knowledge of practical medicine and hygiene indicated. It is a doctor's and an engineer's war, and the doctors seem determined to spare no pains to bring it to a successful issue. The first act of the war programme has begun, and the last cannot long be postponed; for whether victorious or defeated, whether decimated by disease or comparatively untouched by pestilence, the English force must be out of the country before the rains set in. The disasters of the expedition of 1863, and, still more recently, the lamentable effects of the climate on the Marines, plainly indicate what we must expect by undertaking an expedition at the wrong season and without every safeguard that common sense, no less than science, can suggest. Some of our daily contemporaries are already beginning to congratulate their readers that the dangers are not nearly so great as anticipated, and the fear is now that popular opinion may come to regard them as insignificant. No medical man would, with a due regard to the responsibility of his words, seek to underrate, however, the possible dangers of such an expedition in such a climate; but we nevertheless feel convinced that Governor PINE was not far wrong when he stated that, with all the disadvantages of climate, a march to Coomassie need not be so dangerous, so fatal, or accompanied with such loss of life as has assailed expeditions in other and apparently more genial climes. The results of the late fight sufficiently indicate that disease, death, and disaster do not necessarily track the footsteps of the European in the bush. It has shown what Englishmen can do in this climate. If the fighting was small, the march was long—twenty-one miles on a broiling hot day; and the Marines, after having been cooped up on board the *Simoon* for three months, did the march in excellent style. In all departments great activity prevails; the health of Cape Coast is remarkably good; small-pox is dying out among the natives; and the cases of fever among the Europeans are few. So far all is hopeful.

THE new Postmaster-General has many qualifications for the office. Besides the powers of business which he inherits and has acquired, he has already wrought at least one reform in the postal system—the introduction of the halfpenny postal card. In connexion with his department there are certain scientific and sanitary questions for which his antecedents form a special qualification. The incorporation of the telegraphic with the postal system has more than once placed the department *en rapport* with practical electricians; while the sanitary risks of the Post-office servants, especially of those whose duty it is to travel and sort letters by night, have still to be reduced to a minimum.

Apart from these considerations, we are glad to see promoted to the Government a gentleman whom we strongly supported as a candidate for the House of Commons. Dr. LYON PLAYFAIR, in soliciting re-election, appeals—not without some justification—to his exertions in favour of public health, education, and the social progress of the people. His services in these departments have been considerable. On questions more nearly affecting our own profession, indeed, we have had less reason to approve his conduct. His action in respect of medical reform was disappointing in the extreme. When, in 1870, efforts were being made by the whole profession to introduce independent members into the General Medical Council, elected by the votes of registered practitioners, Dr. PLAYFAIR was ingenious in the discovery of difficulties. When THE LANCET Bill was under discussion, he again displayed an entire want of sympathy with medical reformers. Dr. PLAYFAIR on these occasions made us feel that he was a much greater consultant of the views of Government and of corporations than of those of the profession. We confess that such policy has considerably abated our interest in Dr. PLAYFAIR'S parliamentary position. Moreover, he is one of the members of Parliament whom we must blame for the present subordinate, not to say snubbed, position of the Medical Department of the Local Government Board. An independent member with his knowledge of the merits of the department might have effected much in the way of vindicating it, and protesting against the bungling administration of the Public Health Act; but we have not heard of any such services. Whether his position as Postmaster-General is likely either to increase his independence or his interest in sanitary questions and questions of State Medicine is very much to be doubted. These considerations are not meant to suggest or to justify at the present time any opposition to Dr. PLAYFAIR. Such opposition would be ungenerous both to himself and the Ministry. We hope that before the general election Dr. PLAYFAIR will have done something more than he has yet done to justify a continuance of that hearty support which we gave him on his first candidature.

THE correspondence now in progress in *The Times* on the water-supply of villages forms a curious tail-piece to the recent publication in the same journal of the report of the Sewage Utilisation Committee of the British Association for the Advancement of Science. The occasional foolishness of wisdom was never more forcibly illustrated than in that report. The correspondence furnishes a complete confirmation of the absurdity of the Committee, as we showed in THE LANCET of the 1st inst., travelling beyond its proper function and dealing with questions of which it could have had no sufficient information. The Committee proceeded upon the assumption that, except for "very temporary" purposes, water-sewerage was requisite and practicable everywhere. Now we have one of its most distinguished members in the field to help to the solution of a question he has long worked at—the provision of water for communities who cannot now obtain a proper sufficiency for necessary domestic purposes. How difficult the question is, how hard to solve in many places, even when it is limited to the essential requirements of drinking and cooking, no one knows better than Mr. BAILEY-DENTON. This, however, by the way. We are wishful now to direct attention to an oversight in the discussion, at its present stage, that it is very desirable should receive careful attention from Mr. DENTON and his fellow-engineers. The oversight occurs in respect to the mode of providing water by the collection of rain-water from the roofs of houses—a mode which has received most prominent attention in the current correspondence. The different suggestions which have been made in *The Times* as to the best mode of storing the rainfall for domestic use chiefly related to the storage in underground tanks. Now, the suggesters do not seem to be aware that water so stored, unless very particular precautions are taken, is liable to become dangerously polluted. The tanks are commonly built of brickwork cemented within, and are as commonly placed near to the drains and the privy-pit. Again and again it has happened that the drains and the privy-pit have communicated with the water-tank, and that the water therein has been seriously fouled. It is not easy to secure such structural soundness of drains, privy-pits, and water-tanks, excavated contiguous to each other in the same stratum of soil, as will ensure safety of the water from pollution at all times. It is easy to keep excremental matter out of and above the soil, and so prevent soakage of it into the soil. It may be possible to construct and place drains so that deterioration or fracture of their walls shall be a remote probability, and the chances of effusion of sewage from them into the soil reduced to a minimum. It may even be possible to construct underground tanks which, in the event of leakage of foul matters into their neighbourhood, shall be a safeguard to their contents. But, having regard to the mischievousness of water contaminated with sewage and human excrement, it is desirable that rain-water, when used for drinking-water, shall, as should all other drinking-water, be so stored that the possibility of such contamination should not have place. How to do this is largely a question for engineers; and the advice now so freely tendered for the storage of rain-water from house-roofs where water is scarce, ought always to have this great danger in view.

There is a particular source of nastiness which should, moreover, be kept in view when the water from house-roofs is stored. It is too often forgotten, where such storage is a necessity, that the keeping of pigeons and the securing of a reasonably pure water are incompatible. The roof of the house is the favourite play-ground of the bird, and a moment's reflection will show how a few birds will spoil the collected water.

Medical Annotations.

"Ne quid nimis."

THE GENERAL MEDICAL COUNCIL.

THERE is to be another important change in the representation of Scotland in the General Medical Council. Some time since we hinted that Sir Robert Christison would not seek re-election as the Crown representative for Scotland. We are now enabled to announce his retirement from this duty. But we cannot do so without a word of regret. Sir Robert Christison spoke not very often, but was always sure of being listened to. His long experience and his dignified form and speech gave great interest to all he said. Sometimes, no doubt, the conservatism of constitution, not of age, would show itself in Sir Robert's opposition to necessary changes, such as the formation of conjoint boards; but even his conservatism was fresh and forcible. We were of opinion that the vacancy in the Crown representation of Scotland should have been used as an opportunity for the nomination of a surgeon of authority, whom it would have been easy to find in Edinburgh. But, if we are rightly informed, Sir Robert Christison will be succeeded by a physician. The actual nomination is in itself so good that we must desist from vain regrets that a surgeon has not been nominated. Dr. Begbie's knowledge of the profession in Scotland must exceed that of almost any other practitioner, unless it be that of Sir Robert Christison himself; and his success as a physician is a guarantee that he will bring most valuable qualities to the General Medical Council. Professor Turner is to succeed Dr. Macrobin as the representative of the Universities of Aberdeen and Edinburgh. Dr. Leet has been re-elected to represent the Apothecaries' Society of Dublin. We are glad to be able to say that the rumour circulated by a contemporary, that Mr. Quain contemplates retirement from the representation of the Royal College of Surgeons in the General Medical Council, is not well founded. It appears to have had its rise in the fact that Mr. Quain has resigned the place he occupied as one of the four representatives of the College of Surgeons on the Committee of Reference of the Conjoint Board Scheme.

ESMARCH'S BLOODLESS METHOD OF OPERATING.

THIS method was practised by Professor Humphry in three cases of amputation lately, in Addenbrooke's Hospital, Cambridge, with perfect success as regards the bloodlessness of the operations. A stout india-rubber band was wound tightly from the extremity of the limb to the line of the incision, and a strong india-rubber belt was placed above it, the former being then removed. The surface of the incision was as dry as in the dead subject, or drier, and continued so till the belt was relaxed.

The first case was that of a lad thrown from a cart, with a heavy weight falling upon his thigh, which caused compound fracture and divided the artery, vein, and nerve. Less than a drachm of blood was lost during the operation and the securing the vessels. The lad was not conscious at the time and scarcely became so afterwards; still for a few days it was hoped he would do well. Then he became restless, moaning and crying, with high temperature (103° to 105°), subsequently unconscious, and died a week after the operation. The stump united only in part, but was not unhealthy. Numerous small suppurating spots were found scattered through the brain, especially in the cortical part; no preternatural vascularity or other change. In the lungs were patches in various stages of pneumonia, some solid and infiltrated with white lymph, others suppurating.

The second case was the amputation of an unhealed stump in the leg. About half an ounce of blood was lost during the securing of the vessels after the belt, which was placed below the knee, had been relaxed. The case is doing well.

The third was a severe railway smash of the left leg and lower part of the thigh and of the right foot, several carriages having passed over the limbs. Amputation was performed in the middle of the left thigh, and Pirogoff's operation in the right foot. Very little blood was lost. The patient died on the third day, the left stump showing signs of sloughing, with crepitation from infiltrated gas up to the abdomen.

Professor Humphry does not attribute the result in either of the two fatal cases to the method employed to prevent loss of blood. Both were highly unfavourable cases, in consequence of the nature of the accidents. He is not, however, without the feeling that air or noxious fluids might in some cases be pressed into the blood-current from wounds or sores during the application of the elastic band, and that it may, therefore, sometimes be well to rely upon the belt placed above the line of incision without resorting to the use of the band upon the lower part of the limb.

INTERNATIONAL COPYRIGHT.

AN important paper on international copyright was read before the Social Science Association on Monday last, by Mr. T. Webster, Q.C., F.R.S.; and the subject cannot fail to be of interest to many of our readers who, as medical authors, suffer loss from American appropriation of their works. Mr. Webster sketched the present state of the copyright law in England, which dates from Talfourd's Act in 1842, and gives to every author, whether British or foreign, who chooses to publish a new work in this country, indisputable rights extending over the whole of the British empire. This Act, though more liberal than that of any other country, did not give similar rights to authors publishing in the British colonies, and this has been long complained of in Canada especially, where copyright extends only to that country and not to England or other colonies. As a fact, Canada is mainly supplied by American reprints of English works, which, though contraband, are introduced wholesale, owing, as alleged, to the extensive boundary between the two countries, but more probably because the Canadians are only too ready to wink at the infringement of an Act of Parliament passed in 1847. By this unfortunate Act the introduction of American reprints into Canada was authorised on the payment of a Customs duty, which duty was to be remitted to England for the benefit of the respective authors here. Practically, however, the duty is never paid, or in so absurd a proportion as to be useless, the whole sum received being not much more than £100 per annum.

The reproduction of British works in the United States is of course nothing less than piracy (however disagreeable the word), and the Americans have hitherto stoutly resisted all attempts by both English and American authors to bring about some mutual good understanding. The plea put forward is that, every American being educated to read, the State cannot deprive its people of cheap literary sustenance; but the fact, as shown by the resistance to all attempts to introduce cheap English editions of British works into America, is that the trade interests which would be affected by any alteration are too strong for the more enlightened portions of the community to overcome. It is refreshing therefore to hear that at the recent Patent Congress at the Vienna Exhibition, when American inventors were urging protection for their inventions in Great Britain and its colonies, this wholesale infringement of

copyrights was brought forward by the English representatives with telling effect. The American representatives of mechanical interests appear to have been staggered at the treatment the literary interests of other countries have received at their countrymen's hands, and promised to do their best to amend the present iniquitous system. The feeling that injustice has long been done to foreign authors and publishers is, we are glad to learn, also slowly making way in America, and more than one speaker, in the discussion which followed Mr. Webster's paper, bore witness to it.

Mr. Webster did not attempt to propose any sweeping remedy for the existing state of things, but it is evident that no system which proposes to take a work out of the author's hands, and to entrust his interests to others, even Government officials, can be effective. The complete failure of the Canadian duty on American reprints is sufficient to prove this. So long as the United States refuse to allow copyright to any but American citizens the present system will, we fear, continue; for even the simultaneous publication of works in England and America does not prevent the unauthorised republication of them in the latter country; and we ourselves are victimised in this way, since, though the foreign edition of THE LANCET is duly forwarded by us to our accredited agents in the United States, it is still systematically reprinted in all essentials, and largely circulated in piratical garb.

We are glad to know that the Copyright Association has been active in drawing the attention of the Government to the present anomalous state of the copyright law; and since Mr. Webster's paper has been referred to a committee of the Social Science Association with a view to action being taken on it, we may hope that, with the help of those interested in patent rights, some alteration may soon be effected. It cannot be too strongly urged, as was well put by Mr. Webster, that copyright is not a monopoly depriving the public of something they already possess, but is an incentive to exertion—a reward of labour held out to literary talent in order to stimulate its exercise for the benefit of humanity.

DRAINAGE OF SANDHURST COLLEGE.

WE stated a few weeks ago that a complete revision of the system of drainage at Sandhurst College had been ordered, and that the students had been sent away until the alterations were completed. A few days ago we visited the College, and the nature of the alterations, which are now in active progress, was kindly explained to us by Dr. Maclean. The building is sunk some feet below the level of the soil, and is surrounded with an area faced with a dead wall. Hence the basement rooms are dark and somewhat close. Just below the basement of the area lie the drains which carry off the whole of the sewage of the immense building. They are pipe-drains, and a glance is sufficient to show that they are far too small for the requirements of the place. Those at the back discharge into two brick sewers, also too small, which carry the sewage through the adjacent woods to a distance from the building. In front there has hitherto been no such sewers, and the sewage has been left to find its way out as it best could by the surface drainage. Who devised this ingenious system we do not know, but its consequences can readily be imagined. When the drains were opened, they were found to be gorged with filth, and it was evident that it was impossible for a great part of the sewage to get away at all. The watercloseta are on the first floor, and there, as well as in the basement rooms, a bad smell was frequently complained of. Now, however, all this is being rapidly changed. Substantial drains are being constructed, a stack of middens at the back of the premises has been swept away, and a sewer commenced which will carry the sewage from the front of the building to a plot of land at some distance from the building, where it can be applied in land irrigation.

The site of the building is a remarkably healthy one. It stands high on sand and porous gravel, the country around is open and very beautiful, and the water-supply is said to be good. To these circumstances must be ascribed the good fortune which the College has hitherto enjoyed in escaping from serious epidemics of zymotic disease.

The students have been ordered to join their regiments, and will not, we understand, be permitted to return to the College until after Christmas.

THE LATE FIGHT WITH THE ASHANTEES.

WE have learnt a few particulars connected with the late bush-fighting in West Africa, especially as to the character of the wounds caused by the firearms of our Ashantee enemies. They use slugs, which, although they do not, of course, cause such bad wounds as bullets, are nevertheless sufficiently disabling, to say nothing of their occasionally killing outright. It is not unlikely that the number of wounded in this war may turn out to be greater than might have been expected. The number of the Ashantees is very great; their favourite method of fighting is that of ambuscade in the bush, and surprises. The Houssas are brave, but reckless and ill-disciplined, firing, when much excited, somewhat too indiscriminately on friend and foe alike; and Colonel McNeil's wound is by some persons attributed to them rather than to the missiles of the enemy. The Colonel's injury is an irregular-shaped and nasty-looking slug wound of the left forearm, resembling in character that caused by a shell, and implicating the muscles and soft parts. The Colonel, who is a V.C., and enjoys the reputation of being a thorough soldier, was removed on board the *Simoon*, and, by the latest accounts, was doing very well indeed. Hammocks and ship's cots slung on poles were used for the transport of the wounded, and proved simple and efficient enough for the purpose. The wounded were removed into hospital at Elmina easily and well. The heat during the late skirmish in the bush our informant describes as being very great, and two cases of sunstroke occurred amongst the Marines. Field hospitals are being rapidly organised at different stations along the line of march. One or two of the officers forming part of Sir Garnet Wolseley's special staff have been attacked with fever of a mild type; but, all things considered, the troops, native and European, are healthy.

THE STAGE DOCTOR.

IN none of his plays has Shakspeare held up the profession of medicine to ridicule. To be sure, in the "Merry Wives of Windsor" he makes fun of poor Dr. Caius, but the joke is at the expense of the doctor's queer English, not his profession. On the other hand, Molière has never pictured a doctor except to laugh at him, and from what we know of the state of the profession in Molière's time we feel sure that his ridicule was richly deserved. How far the stage succeeds at the present day in holding "the mirror up to nature" is, perhaps, an open question, but we at least have no cause to complain of our treatment at the hands of modern dramatists. The doctor of late years has figured largely upon the stage, and his character has almost always been drawn by a kindly hand. He is usually the man of shrewd discrimination and strong sense of justice, who turns up in every act to confound the machinations of the wicked characters; and if his medical treatment be somewhat startling, and his operations such as would be impracticable off the stage, his intentions at least are admirable, and his results enviably successful. And when he is

laughed at now-a-days the fun is almost always good tempered. In a very good play called "Alone," which is now being acted at the Royal Court Theatre, there is a Doctor Micklethwaite, who plays a very important part. The character is admirably sustained, and the smart-looking young medical man whom the actor represents, with a hat of irreproachable glossiness and an occasional cigar, presents an amusing contrast to the formal physician of the old school, with his wig and snuff-box and gold-headed cane, and there is much truth in the portraiture. We laugh at this doctor it is true, but he is, nevertheless, the *deus ex machinâ* of the play, and is quite as much at home in unveiling the treachery of a supposed friend as in restoring sight to a blind old colonel. Of the operation by which this last result is achieved it is unfortunate that no details are given, as it could not but be an exceedingly useful addition to the resources of surgery.

THE GERMAN MILITARY MEDICAL SERVICE AND THE LATE WAR.

THE *Kriegerheil*, published at Berlin, gives the following statistical enumeration of the German sanitary *personnel* during the late war with France:—

The surgeons of the regular army medical department employed during the war amounted to 3679 in number; in addition, 1769 surgeons were engaged by special contract for duty in the reserve hospitals and with depôts of prisoners. There were, further, 842 students of medicine, having at least three years of study, employed—some with the army in the field, others in hospitals. Total staff, 6290. This number does not include the numerous surgeons who acted under directions of the various aid societies to sick and wounded soldiers.

Countries foreign to Germany also supplied a considerable number of surgeons. Of this number 115 served officially and under contract—viz., 77 with the active army, and 38 in the reserve hospitals. Besides these, it is known that there were 232 foreign surgeons (there may have been more) who did duty either in the official ambulances and hospitals or under the direction of aid societies. Of the total 347 foreign surgeons recorded, 84 were Dutch, 60 Swiss, 57 American, 49 Russian, 38 English, 22 Austrian, 15 Belgian, 2 Greek, 2 Italian, 2 Spanish, 1 Norwegian, 1 Swedish, 1 Turkish, 1 Serbian, 1 Roumanian, 1 Mexican, and 1 was from the Cape of Good Hope.

The losses among the surgical staff (exclusive of that of Wurtemberg, the losses of which have not been made known) were as follows:—7 surgeons were killed by the enemy, 4 died of wounds, 2 from falls from horses, and 33 from disease. Total died, 46. There were wounded on the field of battle 63, and 3 by accidents. Total wounded, 66.

In addition to the surgical staff, 31,766 persons were employed as hospital attendants, dispensers, clerks, &c., in the field and reserve hospitals by the German army.

NOXIOUS VAPOURS.

THE "large and influential" deputation, to use the current phrase, which waited on Mr. Stansfeld on Friday, the 14th inst., raised a question of vast national importance. The members represented very fairly the great manufacturing counties of Northumberland, Durham, Lancashire, and Cheshire, and their object was to urge upon the Government the necessity of extending to other trades the provisions of the Alkali Act of 1868. The facts and arguments adduced by the successive speakers were crushing in their strength. Lieutenant-Colonel Potter, the Mayor of Newcastle-on-Tyne, described the pestilential fumes which were given off from the factories around him, hardly any of which were under the control of the Alkali Act. Trees are killed, crops destroyed, and, what is worst of all, the health of the work-people who live in the neighbourhood is so seriously affected that they find the place unbearable. As trade develops so does this intolerable nuisance. Foul gases now go into the air by tons, and unless Parliament shortly takes the matter up the evil will have assumed colossal proportions.

We most cordially wish success to the movement, and will do our utmost to help it forward. No one would wish to check manufacture, but the experience of the Alkali Act has taught us that chemical manufactures can be carried on successfully without prejudice to the health of the neighbourhood, and we are inclined to agree with the opinion expressed by Sir W. C. James, that the result of a vigorous suppression of the noxious fumes from factories would, in many cases, if not in all, be a financial gain to the proprietors. But in any case the nuisance must be suppressed. Human lives must not be sacrificed by thousands, and the country rendered uninhabitable, merely that chemicals may be rendered a little cheaper.

CHEMISTS AND THE ADULTERATION ACT.

AN influential meeting of chemists and druggists was held on Wednesday night at the National Chamber of Trade, Piccadilly, under the presidency of Mr. W. F. Haselden, to consider the late prosecution of Mr. McDermott for selling adulterated citrate of magnesia. There was evidently a feeling in the meeting—a feeling that is participated in by the trade generally—that Mr. McDermott had been harshly treated in being fined £10 for selling an article in precisely the same state in which he received it from the manufacturer. The following resolutions were adopted:—

1. "That it is the opinion of this meeting that the late proceedings which were taken under the Adulteration of Food and Drugs Act, 1872, against Mr. P. McDermott, a chemist and druggist, for selling the citrate of magnesia of commerce, were not justifiable, and that the judgment was contrary to equity, and also that as far as it refers to the analysation of drugs and chemicals, the said Act in its present shape is mischievous and ineffective, and ought to be repealed."

2. "That Parliament be petitioned to repeal that portion of the aforesaid Act which relates to drugs and chemicals, as the clause in the Pharmacy Act is quite sufficient for the protection of the public."

A committee of chemists was then appointed to act with the Committee of the National Chamber of Trade in giving effect to the above important resolutions, to which we shall probably have occasion to refer at greater length next week.

THE METROPOLITAN "FREE" HOSPITAL.

THE treatment of Dr. Chapman by the Committee of the Metropolitan Free Hospital is a severe satire upon the name of that institution. Our readers may remember an article on the Treatment of Out-patients at the London Hospitals and Dispensaries, in the *Pall Mall Gazette* of the 4th of June, upon which, at the time, we commented. The article was a very reasonable one, and exposed in moderate language the bad arrangements for seeing out-patients in several hospitals, including the Metropolitan Free. The language, we repeat, was very temperate, and one of the hospitals criticised was the Metropolitan Free. But freedom in this institution evidently does not extend to the medical staff. It does not seem a great stretch of freedom to describe the faults of one's own hospital in an article describing similar faults in other favourite institutions. But so thought not the Managing Committee of the Free

Hospital. Instead of receiving the criticisms of the *Pall Mall Gazette* in good part, and trying either to refute them or to act upon them, they allowed suspicion to take hold of them, and were so left to themselves as to summon their whole medical staff and ask them individually if they were the authors of the offensive article. In this "free" institution one would have thought that the medical staff to a man would have felt itself quite free to decline answering an impertinent question; but, as we have said, freedom does not extend to the medical officers; and, like a group of culprits, they, one by one, answered the question, Dr. Chapman candidly admitting that he was the guilty person. But a lower depth had to be reached by the medical staff. If a correspondent of the *Pall Mall Gazette*—Mr. T. J. Phillips Joddrell—may be regarded as well informed, they were required to meet in medical committee, and pass a vote of censure on their colleague, which they did, and upon the strength of this vote the General Committee ordered Dr. Chapman to resign, and, on his refusal to do so, dismissed him from the "Free" Hospital. It is fair to say that only five of the eleven members of the medical staff were present. But why were they not all present to vindicate the liberty of medical men to speak the truth and to help to make institutions what they pretend to be? We are still not without hope of the Metropolitan Free Hospital. There is a body of governors who may yet vindicate the name and fame of the institution, which is sadly lowered by the incident upon which we comment.

MORTALITY STATISTICS OF RUSSIA.

FROM an article in the *Journal de St. Pétersbourg* it appears that during the year 1867 the number of deaths registered in Russia was 2,239,652, the proportion to the population being 35·8 per 1000. The relative positions of Russia and of other European countries in respect of birth and death rates are thus illustrated:—

	Death-rate per 1000.	Birth-rate per 1000.
Sweden ...	21·4 ...	27·5
England ...	22·5 ...	35·1
France ...	23·2 ...	26·3
Belgium ...	23·7 ...	32·9
Prussia ...	26·8 ...	38·4
Italy ...	32·7 ...	37·1
Russia ...	35·8 ...	49·0

According to these figures, Russia possesses by far the most fecund population in Europe, whilst its mortality-rate is also greatest. No doubt the still-born are included in the above returns both of births and deaths, in accordance with Russian practice. One would greatly desire to know the precise value to be attached to these results, which are so remarkable as to be worthy of closer investigation. The mean age at marriage and the ratio of illegitimacy are two out of several important factors essential to be taken into account in estimating the chances of life in Russia, and unfortunately we are not enlightened on such points by the *Journal de St. Pétersbourg*. Our foreign contemporary disposes of the question by remarking that the high mortality in Russia is a consequence of the excessive number of births; but what we want to know is how the birth-rate itself is accounted for, before we go into the second point—the death-rate. With respect to this latter, it is stated that out of 1000 deaths 337 are of infants in their first year of age; and it is added that, as regards the proportions dying at different ages, "ces données diffèrent peu de celles qui ont été recueillies dans les autres pays." As a matter of fact, the proportion of infants dying in England before completing their first year is about 240 in every 1000 deaths, an experience which strikes us as differing considerably from that of Russia. It may be that the death-rate in the two countries approximates at other ages; we have no satisfactory means of testing that, but in respect of infant life there is clearly a sacrifice of it in Russia to an extent which happily we cannot parallel. The deaths in Russia are most numerous in summer, and principally in the months of July and August; and this is deemed to be explained by the fact that those two months are the most prolific in births. We should like to see a return of the causes of death among the Russian population at different ages.

THE MEDICAL SERVICES ON THE GOLD COAST.

THE special correspondent of *The Times*, of the 18th inst., in his interesting narrative of the late events on the Gold Coast, pays a just and eloquent tribute to the public medical services. After praising the skill and promptitude of Surgeon Adams, R.N., the writer goes on to remark:—"Since disease is an enemy with which we are fighting a battle every day—a battle silent and inglorious, yet fraught with not less danger to life than those in which the enemy is man—it is satisfactory for us to feel assured that we are in good hands. Deputy Surgeon-General Home has now a staff of efficient and enthusiastic officers; the two senior officers, Surgeon-Major Jackson and Surgeon-Major Mosse, proved themselves on the 14th (as I ought to have mentioned before) worthy to serve under so distinguished a chief. The services of such men should not be hastily passed over. They incur their full share of danger, and do not always receive their full measure of renown. To my mind there is nothing so impressive, even amid the varied and startling scenes of the battle-field, as the group which is found round a wounded combatant. There lingers the friend, forgetful for a moment of glory, and there, with the bullets whistling round him, kneels an unarmed man, examining and dressing the wound with clear head and steady hand, as if he were in the peaceful hospital."

THE CHINCHONA ALKALOIDS.

WE have already called the attention of the profession to the febrifuge properties of the chinchona alkaloids. Considering the expense of quinine, it is somewhat surprising that these alkaloids have not been more generally used in the treatment of malarious fevers, especially as there does not appear to be any doubt in the minds of those who have tried them as to their efficiency. Dr. Joseph Dougall, a surgeon of the Madras Army, has published a thesis on the subject, which obtained the gold medal of the Medical Faculty of the University of Edinburgh in 1872, in the *Edinburgh Medical Journal* for September last. The three most important alkaloids—chinchona, quinidia, and chinchonidia—are obtained so largely in the manufacture of quinia from some common chinchona barks that the question of their utility has become one of great practical importance. Dr. Dougall has made a series of comparative trials of these alkaloids, and with very conclusive results, in well-marked cases of malarious fever. He gives a selection of cases of intermittent fever out of the 108 which were treated at Russelkondah with one or other of the alkaloids. Quinidia was given in 39 cases, chinchonidia in 35, and chinchonia in 34. There was very little difference between the alkaloids in the necessary duration of the treatment; but a difference was observed in the doses required. Quinidia is the most powerful, chinchonidia next, and chinchonia the least active; but even chinchonia is energetic, and in an adequate dose a sure remedy. It was discovered that they were most serviceable when administered during the paroxysm only. Among the symptoms induced by the remedy, and an important concomitant of cure, was bilious purging, which occurred in nearly one-half of all the cases treated. When

the alkaloids failed to act on the bowels singly, advantage was found in administering along with them a little podophyllin or other cathartic. It was very rarely that the fever was not brought speedily to an end after bilious purging. This connexion is explained by the fact that congestion of the liver, with yellowness of the conjunctiva, was commonly present in the cases of fever at Russelkondah. It is highly probable that similar complications commonly attend the fevers of Africa, and we think that these alkaloids might be advantageously employed there.

SANITARY INQUIRY AT BRENTFORD.

AT the direction of the Local Government Board, Major Tulloch has held a public inquiry in the Town Hall of Brentford into the sanitary condition of that town. Mr. Poland, Q.C., appeared for the Rural Sanitary Board; Mr. Powell, Q.C., for the Ealing Local Board. Much evidence was given in proof of the foulness of the brook which carries the sewage of Ealing through Brentford. On the other hand, the Ealing authorities endeavoured to show that the recent outbreak of fever was entirely traceable to the bad sanitary condition of Brentford itself.

We have recently reported on the neighbourhood, and expressed a strong opinion that both towns are to blame—Brentford for its dirty and insanitary condition; and Ealing for the very unsatisfactory way in which it disposes of its sewage. All the evidence that we have read tends to confirm this opinion, and we have no doubt that the report of the Government inspector will be in harmony with it. Only one of our statements has been directly impugned, and it happens that that one has been completely corroborated by the testimony of the best authority that could be produced, the foreman of the Ealing Sewage Works. Mr. Brown, of Ealing, in a letter which we published on Oct. 11th, told us that we were in error in stating that unaltered sewage sometimes left the sewage works. We now find that the foreman "admitted, in cross-examination, that the quantity of lime had been reduced for treating the sewage; *also that it was discontinued on Sundays.*"

SCHOOL BOARDS AND CHILDREN'S DISORDERS.

THE proposal which is made in a paper published in another portion of our journal to obtain statistics of the diseases to which children of the school-going age are prone is worthy of serious attention. The writer well remarks upon the responsibility attaching to those who, under the Education Act, have the power of shutting up for five hours a day in school about six millions of the population. Of the extent to which epidemic disorders are propagated by the congregation of children there can be no question, and it is indeed time that the attention of the School Board were called to this important source of danger in the working of the Act. Unless some such scheme as that suggested by Dr. Farquhar be adopted, we may hear of very distressing instances of the spread of disease through neglect of precautions. An epidemic may be raging, but the law will not permit a parent to keep his child from a school where, of all places, he is most likely to become infected. Nor does it seem that a parent who has one child down with contagious disorder has the power to keep his other children away from school, where their presence is a source of manifest danger to the other scholars. We are inclined to doubt whether the particular plan suggested by Dr. Farquhar would be feasible, in England at least, as the ignorance of parents would tend to negative the value of any information derived from them; and we do not think that much dependence could be safely placed upon statistics acquired gratuitously from officials who ought already to have quite enough to occupy them, and who, moreover, are not possessed of medical knowledge. It would seem better that it should be the duty of a paid medical inspector to follow up, and report upon, all cases of absence from school on the ground of sickness.

CHANGE OF CLIMATE IN SCOTLAND.

AT the first meeting of the Edinburgh Botanical Society for the winter, Mr. James Macnab, curator of the Royal Botanic Gardens, delivered an address on the change of climate north of the Tweed. Caledonia, "stern and wild" as she is, has witnessed during the last fifty years much lessening of the summer heat. From this cause peaches and nectarines cannot be ripened to the same perfection in the open air as formerly, while asparagus, mushrooms, and tomatoes are gradually disappearing. The rock rose and the common myrtle are rarely to be met with, and the almond, which at one time flowered as luxuriantly as in the suburbs of London, will not now set its flower-buds. The larch, in spite of the enormous quantities of seed annually imported, is declining in vigour, and there is a talk of substituting for it the Wellingtonia as a nurse-tree. Forty years ago the black Hesperian grape, the black mulberry, and the fig ripened on the southern exposure of Edinburgh as well as in London, but now fire flues are an essential condition to their coming to maturity. With this change of climate there has been an alteration in the type of disease, but we are still in need of authenticated data as to the extent to which this has taken place. Mr. Macnab's proposal, that a central committee should be appointed to investigate the whole subject of the change of climate in Scotland, will, we hope, be carried into effect.

A RECTIFICATION.

THE head master of Rossall School, in replying to the remarks contained in our annotation on the melancholy death of a scholar belonging to that establishment, has furnished us with information on many points which might easily have been elicited at the inquest, but, as far as the public reports of that inquiry are concerned, this does not appear to have been done. We did not so much speak of the laxity of the system at Rossall School—of which we were ignorant beyond what we had read and were told—as of that at public schools generally, and all that we said of the head master was, we are glad to believe, just, as well as complimentary. The comments we made on the case were such as might have occurred to any one, and, substantially, they did occur to some of our correspondents. That our suggestions were both pertinent and practicable is clear, for the head master takes pains to show they had been put in force in his school, and he is to be congratulated on the fact.

ARDWICK AND ANCOAT'S HOSPITAL, MANCHESTER.

THIS institution, which has existed many years as a dispensary only, has done much good work in one of the lowest parts of the city of Manchester. Thanks, however, to the benevolence of Miss Brackenbury, who gave £5000 for the building, a hospital has been erected in a situation where the number of accidents constantly occurring in the neighbouring factories render such an institution especially valuable. The building is to contain fifty beds, and will be opened during the first week of December, when it is hoped that Lord Derby will be able to be present at the public ceremonial. Mr. Bazley, one of the liberal members for Manchester, is the president of the institution, which

numbers among its supporters many of the leading mill and factory owners in Manchester.

The committee have been fortunate in securing the services of Mr. G. E. Legge Pearse, F.R.C.S., as the surgeon superintendent of their hospital, and have induced that gentleman to vacate the offices of Surgeon and Lecturer on Anatomy at the Westminster Hospital in order to take charge of the wards at Manchester. Mr. Pearse is a young surgeon whose antecedents admirably fit him for the post he now occupies, and we wish him all success in his new professional career.

SCALE OF FEES—CONSULTATION FEES.

THE practitioners of the county of Caithness-shire, N.B., have agreed unanimously to a scale of fees which seems reasonable and moderate. We scarcely see the justification of charging specially for a first visit or interview with a patient. If a little more time is involved in it, or spent over it, a corresponding amount of time is saved in subsequent interviews. The consultation fees are to range from one guinea to three. The letter of Mr. Swain, of Devonport, in THE LANCET of last week, reminds us of the necessity for a severe understanding or stipulation that consultation fees are to cover only one consultation. By multiplying gratuitous visits after one fee the charges of consulting practitioners are reduced to much the same as those of general practitioners, to the injury of general practitioners and the degradation of consulting practice. Finally, let us say that it is much more easy to agree to an abstract scale of fees than to carry it out. Loyalty to the scale may be shown occasionally as much by not pressing it too far as by applying it as a hard and fast rule. We shall be glad of information some time hence as to its working, which is the test of every such scale.

MR. DISRAELI AT GLASGOW.

GLASGOW UNIVERSITY installed her Lord Rector on Wednesday, and Glasgow city entertained him at a public banquet on the same day. On both occasions the right hon. gentleman spoke with a felicity that more than satisfied the very high-pitched expectations of his audience. The address to the students was a model of what such an effort should be. With his characteristic enthusiasm for "youth," Mr. Disraeli made the consummation of young ambition his theme, and pointed out, in English of admirable suppleness, strength, and finish, the conditions of success in life. Previous to his oration, the degree of Doctor of Laws was conferred on him, among other recipients of the honour being the venerable Dr. Harry Rainy, the munificent founder of a bursary in connexion with the Glasgow Medical School, and Dr. Joseph Hooker, of Kew, the announcement of whose name elicited three hearty "groans for Ayrton."

THE OFFICE OF CORONER.

THE *Metropolitan* reports an astounding miscarriage of "crowner's quest law." A young woman died suddenly at Bromley (East) under circumstances sufficiently suspicious to warrant communication with the coroner. The relatives and witnesses were summoned to attend an inquest on the body on a Monday, on which day, after waiting two hours, they were informed by the officer that the coroner could not attend. Tuesday and Wednesday passed over without receiving any communication from the coroner, but on Thursday the witnesses were again summoned to attend an inquiry at half-past one o'clock. They appeared punctually, but after waiting until three o'clock they were dismissed by the coroner's officer, who informed them that the coroner could not attend on that day. Assuming the above statements to be true, there is ample warrant for asking that a commission should be appointed to make a thorough investigation into the nature of the duties of a coroner.

A GRATEFUL PATIENT.

IT is not often that we have the pleasure of chronicling such a remarkable instance of thoughtful provision as was displayed by a gentleman who recently died in Guy's Hospital. The gentleman was Mr. John Cunliffe Pickersgill-Cunliffe, who was admitted into the hospital on Sept. 25th, with compound fracture of the right tibia extending into the knee-joint, and compound fracture of the left tibia and fibula—the result of a railway accident. On admission into the hospital he was placed under the care of Mr. Davies-Colley, who, with the acquiescence of the consulting surgeon, Mr. Cock, at once performed amputation through the left knee-joint, but endeavoured to preserve the right leg. Unfortunately, however, in about eleven days secondary hæmorrhage took place in the wound on the right leg, and amputation through the thigh was performed. But the patient did not rally after the operation, and died next morning. Previously to his death, however, "the grateful patient" executed a codicil to his will, by which he bequeathed £25 to the Lock Hospital; to St. Bartholomew's Hospital a sum sufficient to constitute his eldest son a life governor; to Guy's Hospital, in the event of his dying there, £250; there were also legacies of £100 to each of his two medical attendants, and £25 each to the two nurses who waited upon him while in the hospital.

UNUSUAL PRESCRIPTIONS.

THE British Pharmaceutical Conference has issued a circular to the various medical corporations and to the medical journals, setting forth that at the recent Conference at Bradford the following resolutions were passed with reference to the prescription of unusual doses by medical men:—

"That this Conference, having considered various proposals for the use of special signs to mark unusual doses on prescriptions, and the great advantages to be derived from such signs, considers that the bracketed initial letters of the prescriber's signature, written immediately after the unusual dose, is the best suited for the purpose.

"This Conference also respectfully urges upon medical men the importance of the prescriber's full name and address being written on *all* prescriptions, to facilitate communication between the prescriber and dispenser.

"This Conference likewise considers it desirable for the dispenser to retain all prescriptions in which initialed unusual doses are prescribed."

It is due to the profession, as well as to the pharmaceutists and the importance of the subject, that the College of Physicians should consider this question and advise the profession. It seems to us that it would be enough to underline any unusual dose in a prescription. Initials are too ostentatious. It is not desirable to attract the attention of patients to the fact that they are taking unusual doses. We quite agree with the Conference as to the second resolution, urging the full name and address of the prescriber. This would require an alteration in the bye-laws of the College of Physicians.

THE PECULIAR PEOPLE.

THE Peculiar People continue to act peculiarly. They disagree from their Great Master, who said, "They that are sick need a physician." Emma Benton, the mother of six children, has been allowed to die at Plaistow of erysipelas without a doctor being fetched to see her. Her husband neither suggested nor wished for a doctor. And there seems to be no law by which the crime of manslaughter

can be fastened upon such conduct. At any rate the jury returned a verdict of "Death from natural causes." We should say the causes were most unnatural. Erysipelas is not natural, and it is most unnatural to stand by and see the mother of six children die without an attempt to save her. Probably a few drops of muriated tincture of iron at stated intervals would have checked the erysipelas and saved life. But we are so free in this country that suicide by neglect of means of preventing death is permitted. However, it is the affair of the public rather than of the medical profession.

THE DAY OF REST.

THE numerous advantages accruing from the granting of rest after six days' labour begin gradually to be appreciated on the Continent. A prize has just been offered in Switzerland on the subject, the committee of award being composed of the most eminent physicians and professors of the Swiss confederation. The prize is of the value of £48, and the essays should be sent before September 30th, 1874, to the president of the Swiss Society for the Observance of the Sabbath, Place de Champel, 497, Geneva, and be legibly written in French or German. If in any other language, the translation is to be annexed.

THE LATE MR. SOLLY.

THE friends and pupils of the late Mr. Solly will be pleased to learn that a carefully executed bust, by Mr. Stephens, A.R.A., has lately been placed in the grand entrance hall of St. Thomas's Hospital. We think that the sculptor has been fortunate in his effort, and has succeeded in portraying the features of his model. To those who knew Mr. Solly in his younger days the likeness will appear striking.

HARVEIAN SOCIETY.

AT a recent meeting of this Society, Dr. Hughlings Jackson exhibited two coloured drawings illustrative of the ophthalmoscopic appearances in a case of recovery from optic neuritis, in cerebral disease, and read the notes of two cases of cerebral apoplexy. These contributions, which were particularly interesting, elicited an unusually instructive and animated discussion.

WE predicted a fortnight ago that the unfavourable and peculiar weather we then experienced would have a prejudicial effect on the health of the people, and would materially augment the rate of mortality. The Registrar-General, in his last report, states that the deaths registered in the metropolis during the past three weeks have exceeded by 30 per cent. those recorded in the three preceding weeks. This increase in the mortality occurred chiefly in the eastern and southern districts. It is as well to remark that the death-rate last week was still below the corrected average for the past ten years.

IT has been decided to continue the use of the Whitechapel Union as a branch of the North Surrey District Schools for a further period of six months; not solely because the experiment of prolonged isolation and treatment in the cases of ophthalmia has as yet failed to eradicate the complaint, but partly to admit of certain hygienic alterations being made at the Anerley establishment.

WE are glad to learn from a correspondent at the seat of war that the military authorities at the Gold Coast have, on reconsideration, granted the six months' field allowance as usual to medical as well as other officers engaged in the expedition.

A RESOLUTION has just been passed in the Committee of the Sunderland Infirmary, postponing till the next general meeting of governors the consideration of the recommendation of the Medical Committee, to the effect that in future no surgeon having club or parochial appointments should be eligible for election on the honorary medical officers' staff. It was at first proposed not to confirm the recommendation, but an amendment to the above effect was carried by thirteen votes to three.

THE *Lyon Médical* states that on opening, a short time ago, the will of a Mr. D——, the following clause was found:—"I request that my body be delivered to the Paris Gas Company, for the purpose of being placed into a retort. I always used my mental powers for the enlightenment of the population at large, and I desire that my body be used to enlighten the people after my death." As cremation is not allowed by law in France, the request cannot be carried out.

IT is said that, in consequence of failing health, the Emperor of Germany has been advised by his physicians to spend a few months at Florence. Kaiser Wilhelm, however, grim and confident, is loth to leave the badly-drained city on the Spree. Though "his age be like a lusty winter," it is not difficult to imagine decrepitude overtaking the whilome stalwart lieutenant who, in 1814, marched into Paris with the English troops.

SIR HENRY HOLLAND died a wealthier man than most members of the profession. His personalty was sworn under £140,000. From the first, indeed, Sir Henry was comfortably off, and at all times it was his concern to keep his income within limits which should leave him time to cultivate those literary and social talents for which he was as famous as for medical skill.

THE Count de Reichmont, who rendered such good service to the sick and wounded during the Franco-German war, is now in London, endeavouring to organise ambulances for the relief of the disabled Republican and Carlist soldiers. What has become of the surplus supply of clothing and appliances collected under the auspices of the Red Cross Society during the late war?

THE *Standard* says that a cattle disease of a severe type has broken out on the Asiatic shore of the Bosphorus, and has been officially reported at Constantinople. The disease is characterised by foaming at the mouth, catarrh, and insupportable thirst. Bullocks and cows are exclusively attacked.

ONE result of the working of the Adulteration Act is a depreciated value of good green tea. After the recent prosecutions, grocers are diffident about selling green tea; hence the wholesale trade lose heavily.

SURGEON-MAJOR MCKINNON, C.B., it is understood, proceeds to Madeira to make inquiries as to the establishment of a sanatorium in connexion with the invaliding from the Gold Coast.

THE authorities of St. John's Hospital publish a paragraph weekly in the *Echo* in which the number of patients *benefited* is given.

THE late Royal Warrant abolishing stoppages for bread and meat rations will, we believe, be shortly extended to the Militia.

A WRITER in the *New York Medical Journal* advocates the use of powdered ipecacuanha in delirium tremens.

REPORT
OF
The Lancet Sanitary Commission
ON
H.M.S. "VICTOR EMANUEL."

As it is probable that the Ashantee war will excite as much or more interest from a sanitary than from a combatant point of view, we have spared no pains to keep our readers *au courant* with the arrangements made for the health of the troops to be transported to the base of operations, and for their welfare when sick or wounded. It is likely that the former will greatly exceed the latter in numbers, and hence it was satisfactory to know, some weeks ago, that the War-office authorities, acting in conjunction with the Admiralty, had resolved to fit out a hospital ship for this special service. The ship was chosen, the Medical Department of the War Office were requested to signify their wishes as to her equipment, and from the commencement of the work up to the time at which we write, no mental, manual, or clerical labour, and no expense, have been spared to send to the West Coast of Africa a very complete hospital ship for the benefit of our fighting men. We elect to record, as a preface, that a request to inspect the ship was most politely responded to by both the Admiralty and the War-office authorities, and that our description and criticism emanate from the pen of a correspondent who, though not belonging to either service, has had very large experience in the sanitary arrangements of troop ships, emigrant ships, and ships of war of all classes, both at home and abroad.

H.M.S. *Victor Emanuel* is a wooden screw steamship of the old class, of 5157 tons, and carried originally seventy-nine guns. She was launched at Pembroke Dockyard in September, 1855, under the name of the *Repulse;* but having been, shortly after the close of the Crimean War, visited and admired by the Emperor Victor Emanuel, she was ordered henceforth to bear the name of that monarch.

It is not necessary to record her special services afloat. The work of converting her into a hospital ship commenced on the 15th of September last. The ship was in the first instance caulked throughout, and her bottom and sternpost were thoroughly repaired. As now constituted, she is a flushed-deck ship with a poop added; and has below, for what may be called service work, a main, gun (or lower), and orlop deck. Proceeding from above downwards, we commence aft, and find under the poop the stern cabins on the port side assigned to the captain of the ship, and the starboard cabins to the military officer in command. The surgeon-major, who will have a staff of some six or seven medical officers as well as a still larger staff of subordinates, is relegated to two small side cabins. The general arrangements of the officers' quarters are very good; and baths, as well as closets with special ventilating and disinfecting arrangements, are provided on both sides of the poop. On mounting to the latter, four large water-tanks on either side amidships, but raised so as to be quite clear of the upper deck, are seen. Each of these tanks will hold two tons of water. Three of these large reservoirs will contain salt water for flushing the closets; three, fresh water for washing and bathing purposes; and the contents of the remaining two will be sent into Crease's patent filters for drinking and cooking purposes only. Elaborate sets of pipes extend from these tanks in all directions over the ship—to hospital-decks, bath-rooms, galleys, saloon, and surgery; so that salt, fresh, or filtered water can, by means of these arrangements, be obtained at any moment in any part of the vessel. Immediately abaft the mainmast a special hatchway has been cut in the deck for the purpose of lowering the sick or wounded to the quarters below, the arrangements in connexion with which appear to be very complete. The amount of enlargement necessary for an entry port to the hospital deck may, possibly, have been open to objection on the part of the Admiralty. The accommodation-ladders and all the other hatchways are very spacious and convenient, so as to give a minimum of difficulty to all engaged in the work of transferring the sick from boat to ship. Proceeding forward along the upper deck, we find an admirable arrangement of latrines on both sides of the ship, just abreast of the smoke-stack, well protected, opening "for'ard," and very well ventilated. Further on, on the port side, are the various departments of the laundry, enclosed, but well supplied with sky-lights, ports, and screened ventilators. The foul linen is hoisted in a closed bucket from the hospital-deck below, and sent at once into the washing-chamber, which latter is fitted with Bradford's apparatus. The drying-room adjoins the washing-room, and it suffices to say that this part of the floating establishment will, we believe, if properly conducted, prove a very great success. The starboard side on the forward part of this deck is occupied by a very convenient "butchery," and a large hospital lavatory, the arrangements of which might be examined with pleasure and profit by all connected with the organisation of similar institutions ashore or afloat, and do infinite credit in this instance to all concerned. There is a slop-room, provided with a large tank and trapped pipe, for cleansing soiled hospital utensils, which will be carried up from the hospital deck in a galvanised iron box through a scuttle to this part; and another room, communicating with the hospital deck by a trap, admits of the removal and storing of the hospital mess utensils. This description includes pretty well all that is worthy of notice on the upper deck; but, by way of elimination, we may here observe that all other parts of the ship are, by means of "trunked" hatchways, entirely cut off from the hospital proper, and that in no single instance does any general discharge-pipe lead into a soil-pipe.

Before going below we have to remark that two strakes (or planks) have been removed from either side of the upper deck, fore and aft, to the extent of about 79 feet. The open spaces or slits thus formed are covered by long wooden hoods, which, by means of a nut and screw arrangement, can be raised or depressed to any extent, in order to ventilate the main (hospital) deck by acting as a large and very efficient upcast. This resembles the ridge ventilation so commonly adopted in hospital huts, and, as the cover is subdivided into four parts, each portion can be raised separately, so as to admit of the degree of ventilation being regulated to different sections of the hospital deck, when this part is divided, as it is intended to be, by movable screens scalloped at the top. We may now go down the aft companion ladder to the main deck, which is of course the most important division of this floating hospital. The height from deck to beam is 6 ft. 2 in., and from deck to deck nearly 7 ft. The extreme length is 230 ft., and the width 52 ft. For purposes of ventilation as well as of light there are 66 ports, 3½ ft. in height by 3 ft. wide, and 5 scuttles, each 8 in. in diameter. The ports are fitted with sashes and jalousies, either or both of which can be raised or opened, shipped or unshipped, at pleasure. General ventilation will be assisted by the hatchways and by two large stern ports. Direct down-cast ventilation will be effected by means of six cowled tubes, each 16 in. in diameter, projecting some feet higher than the bulwarks, and trimmed, of course, "head to wind," the lower openings being brought down to within about 8 in. of the floor of the hospital deck, so as to diffuse the air without causing a draught. The up-cast ventilation will be promoted by the long open spaces above described, and by numerous tube orifices along the top sides of the deck above, which will discharge the foul and heated air through goose-neck pipes. The engine-room hatchway is completely "trunked" off by glazed bulkheads, so that no heat from this source can find its way on to the hospital deck. There is a set of cabins in each side at the stern, which will be used by sick officers, but the rest of the deck, except of course amidships, presents a clean sweep fore and aft. The interval between the sick officers' cabins is to be provided with large stern windows, capable of being kept wholly or partially open; and this part admits of being screened off from the remainder of the hospital-deck. The baths are placed amidships in three or four sets, and are provided with pipes to convey salt or fresh water from the deck tanks above described, with steam jets to heat the water, all the taps being clearly and conspicuously lettered. The lavatory arrangements consist of two long rows of wash-basins forward, fixed on either side of the bowsprit,

all supplied with salt and fresh water, and there are as well basin-rings screwed to the sides of the deck for emergency purposes. The closets are arranged in three sets on each side of the vessel, and there are no less than four for the officers and twenty-eight for the men, making a total of thirty-two on this deck. Two sets are fixed aft, two at the bows, and two about opposite the engine hatchway. They are furnished with patent pans and disinfectors; each is ventilated by means of a goose-neck up-cast; the lower outlets have a good angle of inclination, and are of large diameter, and there are ample means provided for flushing. The deck will accommodate 140 patients, occupying cots arranged in three rows fore and aft, on each side of the deck, with about 2½ feet of gangway space between each row. The cots will be fitted to short iron stanchions screwed into the deck below, and the cots will all both "rock" and "lock." A certain proportion of the cots are constructed especially for certain classes of surgical and medical cases. Musquito curtains will be provided of a light material, rendered uninflammable by tungstate of soda, but most of these will be made up from patterns during the outward passage. Light canvas screens will be also provided, so that by hooking up one of these any single patient, or set of patients, can be isolated from the rest. The dispensary is built up forward amidships, is 17 feet 9 inches in length, and 10 feet in width, well lighted from above, and is being fitted up with all medicines and necessary appliances by Messrs. Savory and Moore. The sides and flats of this deck are coated with white zinc paint, so that they can be kept clean by ordinary scrubbing. A special feature in the arrangements of this hospital-deck is the erection on each side, at about the centre of the vessel, of a large outside platform, on which several of the sick can be placed, either in beds or chairs. These platforms are protected by a sort of fine wire fencing, and might fairly be the "Birdcage-walk." Our description of the main-deck is, we believe, complete when we mention that several of Crease's patent filters (which were described in THE LANCET some months ago) are placed here, as in many other parts of the ship, as well as a very complete set of fire-pumps.

We may now descend to the lower or gun deck. Commencing aft, we find that the port side of the old gun-room is fitted with seats, lockers, and berths for the use of the hospital sergeants; that accommodation is provided for sixty convalescents between the sergeants' quarters and the chain-lockers, and that the convalescents will all sleep in ordinary swing cots, hung as usual from beam-hooks, and will have mess-tables fixed athwartships, as in an ordinary transport. A special system of ventilation is adopted on this and on the lower (or orlop) deck which is worthy of particular attention. Two strakes of the main-deck flooring have been taken out on each side, fore and aft, for 180 feet. In this space a hollow iron trunk has been inserted, which communicates by means of numerous and large circular apertures with the deck below—i.e., the deck to be ventilated. Each trunk, again, communicates with transverse shafts, which latter conduct the foul air into the hollow iron masts and the funnel casing, and so up into the external air. The plan adopted is, in fact, a modification of Edmund's system, steam-jets not being used.

The crew will be berthed on the gun deck from the main-mast forward, and bulkheads, with lock-up doors, will separate them entirely from the convalescents and from all hospital arrangements. The down-cast ventilating arrangements are precisely similar to those on the main deck, there being four tubes, each of from 12 in. to 16 in. in diameter, as well as sixteen square ports and ten scuttles, each of 8 in. in diameter.

Lower still to the orlop deck, below the water line, and in the region of perpetual gloom, albeit where nearly all our naval officers used to have, and many still have, their quarters at sea. The orlop deck of this ship will be occupied by the hospital issue room, the medical comforts, the wine store, both for hospital and saloon, the hospital medical store, the utensil store, the wholesale drug store, and the troop and hospital bedding store. Some of the non-commissioned officers and crew are berthed here, and the system of ventilation adopted is similar to that on the gun deck, a collecting trunk being inserted for up-cast duty, and four large tubes for the down-cast work. We penetrated deeper still, and found the starboard shell-room converted into an ice store, the after magazine into an extra wine store, and the "handing-room" of the magazine into a linen store. And now about the bilge. We descended to the "end of all things"—i.e., the keelson, along and at the sides of which Portland cement has been applied. The whole was then limewashed, and afterwards washed with a solution of carbolic acid. At the time of our visit a sponge might have been drawn along the keelson without taking up any appreciable amount of water.

Returning to daylight and to the upper deck, we have yet to notice the arrangements of the galleys (or cook-houses). They are placed between the fore- and main-masts, just abaft the funnel and over the old engine-hatch. The hospital galley is very spacious and complete; there is a washhouse and a breadroom adjoining the galley, and the live stock will be carried above, in the place usually occupied in merchant ships by the jolly boat. Salt and fresh water are laid on here, as everywhere; and Crease's filters pervade this deck as well as those below. The galley is also provided with special scuppers, so that no bucket work or slopping of any kind about the deck will be necessary.

It is almost a work of supererogation to record that the ship is amply provided with Massey's, Downton's, and other pumps in great number and variety, for pumping bilge, washing decks, flushing closets, and extinguishing fire. The ship will be provided with double awnings, fore and aft, two feet apart; but side-flaps will not be used. These awnings will cover the vessel from stem to stern, subdivided, however, to admit of the ventilating tubes communicating with the external air. The aft part of the poop, beneath the awning, is to be used, in case of need, for infectious diseases, and provided with a screen, ropes, and sentry. It is intended to utilise the upper deck for hospital purposes if required.

During the past fortnight upwards of 1200 men have been employed on the ship, all working considerably over time. She will take out a crew consisting of 265 hands all told, and 115 supernumeraries as passengers.

We do not propose this week to criticise in any sort of way the arrangements above described. The courtesy of the Admiralty authorities has afforded us an opportunity of a second visit to the *Victor Emanuel*, and we shall hope to furnish our readers, after another inspection, with a concluding and critical report.

GUY'S PHYSICAL SOCIETY.

THE fourth meeting of the Guy's Hospital Physical Society was held on Saturday, November 15th. Mr. Golding Bird, M.B., occupied the chair, and the treasurer of the hospital and a large number of members were present. Mr. F. T. Paul read a paper entitled "What Relation does Tubercle bear to Phthisis?" He commenced with a short reference to the views on phthisis, from Addison's time to our own; and after describing the histology of the structures called tubercle, and discussing their nature, concluded that if the grey granulations resulting from the absorption of caseous matter were tubercle, then tubercle had nothing whatever to do with phthisis. If, on the other hand, the nodules occurring in the lungs in phthisis were tubercle, he did not know active phthisis without tubercle. The subject was illustrated by numerous microscopic specimens, showing catarrhal pneumonia, croupous pneumonia, grey granulations, tubercular infiltration, and lymphatic tissue.

A discussion of some length then followed, in which several members took part. After a reply from the author of the paper, the meeting was brought to a close by a unanimous vote of thanks to him for his able paper.

CHOLERA.

IT is somewhat disheartening to have to record the importation of another case of cholera into London. Early on the morning of Wednesday, the 19th inst., Dr. George A. Rogers, Medical Officer of Health for Limehouse, was called to see a seaman in a low lodging-house at Wapping-wall, who presented all the symptoms of cholera. He communicated immediately with the Medical Department of the

Local Government Board, and applied for information as to the antecedents of the patient to Dr. Harry Leach, Port Medical Officer. As the man came from Rotterdam, an infected port, Dr. Rogers very properly ordered his removal to the London Hospital, and made immediate arrangements for the fumigation of the lodging-house and the disinfection or destruction of the clothing of the patient. The unfortunate man died about two hours after his reception into hospital. We hear, on going to press, that the Port Medical Officer has, with the harbour master's assistance, isolated the vessel, and that the ship will be at once thoroughly fumigated and disinfected. This is considered advisable as a precaution, although no symptoms of illness occurred until some sixteen hours after the patient had disembarked. This last event shows most emphatically the necessity of a small cholera hospital in the East of London.

Correspondence.

"Audi alteram partem."

DR. BELL PETTIGREW ON VITALITY.

To the Editor of THE LANCET.

SIR,—It is gratifying to find that Dr. Bell Pettigrew (THE LANCET, November 15th, p. 693) is, so to say, ready to go a very long way with me upon the vitality question, and I venture to think that if he carefully examines my writings he will be prepared to admit that in some respects the difference between us is less than the readers of his lecture may have been led to conclude.

He says that "the vital forces transform matter, but do not destroy it," which is precisely the view I have long endeavoured to inculcate. But some of his remarks would certainly lead his readers to conclude that, in my opinion, vital force really did destroy the forces which actuate ordinary non-living matter. I have been over and over again inferentially accused of believing and teaching absurdities which have been neither believed nor taught by any person during the last fifty years; for instance, that vital force *makes* or *destroys* matter. Dr. Pettigrew, like some other distinguished teachers, deems it necessary to assure his pupils that the vital forces cannot "annihilate physical forces," as if any mortal supposed that they could! "Vital forces," he says, "may over-ride or bridle certain physical forces," but this view does not differ from my own.

Again, after quoting from one of my works, he remarks "that it does not follow from this that gravitation as a power is extinguished." But has anyone in his senses suggested that gravitation might be extinguished? It is too bad, when directing attention to views of mine concerning growth, to tell people that the "physical forces of capillarity, osmosis, chemical affinity, &c.," are "*largely employed.*" Of course they are, but all of these physical forces together will not account for the growth of a tree upwards. What is the use of confusing people? In such discussion it is easy to fight shy of the real difficulty, hide it in a cloud of words, and shunt the main question off the line into a siding. Dr. Bell Pettigrew knows as well as I do that capillarity involves a tube, and, at the same time, he knows that no one has adequately explained, and that no one can explain, by physics, the growth of this capillary tube in any vegetable organism. Nor can a growing capillary tube be artificially constructed. If this could be done I should say let *vitality* go to the winds; but as it cannot, I would say, don't let us for ever go on and on talking about "natural laws" that have never been drafted, and of the terms of which we know nothing. If vital force can be proved to be physical, let us have the evidence and have done with the question. If no one can prove this, let people be told so plainly, and let it be distinctly confessed that up to this time the view that vital power is distinct from physical forces, and may temporarily suspend or interfere with their action, is not opposed to the facts of science.

As regards his remarks on protoplasm and bioplasm, Dr. Bell Pettigrew is simply unfair. After stating what protoplasm is held to be by different authorities from whom I differ *toto cœlo*, he says, "Analogous in *many respects* to the protoplasm of Huxley is the bioplasm of Beale"—as if Huxley's protoplasm had been born before my germinal matter or bioplasm made its appearance.* "Analogous in many respects!" The protoplasm may die and then be roasted before a fire without losing its identity, as in the case of roast-mutton protoplasm instanced by Mr. Huxley. Although bioplasm has retained its vitality in spite of very prolonged literary roasting, it succumbs and is utterly destroyed by boiling water. Protoplasm may be active or passive, dead or living; bioplasm *living* only. That which is *formed* may be and is called protoplasm. Bioplasm is *formative* only; nothing *formed* consists of bioplasm. Some forms of protoplasm may exhibit structure; no form of bioplasm does. Bioplasm is analogous to *certain forms* of protoplasm only, for protoplasm includes things that are alive, and dead, and roasted. My bioplasm is in *no sense* "identical" with protoplasm. Protoplasm is by no means always "undifferentiated"; my bioplasm cannot be otherwise.

I do *not* affirm that bioplasm is a *product* of vital forces. Bioplasm is *not*, according to me, "the *same always and everywhere.*" I do *not* claim for bioplasm "similar properties to those claimed by Huxley for his protoplasm."

I am surprised that Dr. Bell Pettigrew should have so misunderstood my views, but as these have been so fully stated I shall not venture to press them upon your readers. They are given in "Bioplasm," while the controversial part of the question is discussed in "Protoplasm," to neither of which works has Dr. Pettigrew referred in his lecture. Dr. Bell Pettigrew, however, I am glad to acknowledge, agrees with me in one conclusion of vast importance, and this agreement carries with it a great deal—viz., that "living organisms cannot be produced from purely inorganic matter by purely physical forces."

I am, Sir, yours, &c.,

Grosvenor-street, Nov. 18th, 1873. LIONEL S. BEALE.

A FREAK OF NATURE:

CASE OF A LADY WITH BEARD AND WHISKERS.

To the Editor of THE LANCET.

SIR,—I am induced, after reading your very interesting article entitled "A Freak of Nature" (which appeared in THE LANCET of 25th October), to publish the notes of a case of remarkable hirsute growth in a lady who very recently consulted me. The extreme rarity of such an occurrence renders it, in my opinion, worthy of being placed on record. The history of the case is briefly as follows:—

A lady, aged thirty-two, unmarried, of a spare habit of body and of a nervo-sanguineous temperament, consulted me several times at short intervals in regard to some slight derangement of her digestive organs. I observed that on each occasion she wore a broad black silk ribbon, which covered the chin, cheeks, and ears, thus giving her, as can easily be imagined, a very peculiar appearance. On asking her the reason why she wore this covering, she stated in reply that she had long done so, and that it was very necessary, as I should find when she removed it, which she at once did without more ado. The removal of the covering at once brought into view well developed whiskers and a good strong beard. She now presented such a very masculine aspect that I was led to entertain some doubt as to her sex. The hair was of a brownish colour; the average length in whiskers was fully three inches, the beard being somewhat longer. The upper lip was quite free from hair. The front of the chest, especially over the sternum, was very thickly covered with brownish hair. The mammæ were large and full. The uterus was found on vaginal examination somewhat smaller than usual, but in other respects quite natural. The external sexual organs were healthy and well developed. She informed me that her catamenia were regular, and had always been so from the age of fifteen or thereby. There was no peculiarity observable about her voice. I may mention that the skin beneath the hair seemed everywhere and in all respects quite healthy. I ascertained that the hair upon the face and chest first appeared about the time when she began to menstruate. As this unusual hirsute development caused

* Germinal matter before 1861; Huxley's protoplasm, Nov. 1868.

her much vexation and annoyance, she tried from time to time several expedients to remove the hair, such as shaving, various depilatories, &c., but with no satisfactory results. She could not persevere with the shaving from great tenderness of the skin being thereby produced. She has ultimately abandoned all treatment, and constantly wears the ribbon already referred to. I may here state that Dr. Hugh Miller and Dr. Wood Smith had each an opportunity of seeing and examining my patient.

I remain, Sir, yours, &c.,

J. G. WILSON, M.D.,

Professor of Midwifery in Anderson's University, &c.

Glasgow, Nov. 18th, 1873.

PROFESSIONAL REMUNERATION.

To the Editor of THE LANCET.

SIR,—There is not the least doubt that the evil complained of in Mr. W. P. Swain's letter, which appeared in THE LANCET of last week, does actually exist, as I can testify from personal experience. I would not, however, include all the physicians in the neighbourhood in this charge, as I believe there are exceptions. The thanks of the profession are due to Mr. Swain for bringing this matter forward, and I trust the remedy suggested by him may be at once adopted—viz., that physicians take a fee of one guinea for each consultation.

There is yet another grievance to be attended to. It is this: the numbers of patients, *well* able to pay the general practitioner, that are every week prescribed for *gratuitously* by certain physicians in this neighbourhood, who have rooms set apart for this purpose, the patients being admitted by tickets.

I am, Sir, yours faithfully,

J. L. CUTCLIFFE.

Bronte Villa, Stoke, Devonport, Nov. 17th, 1873.

TEST-TYPES.

To the Editor of THE LANCET.

SIR,—Will you allow me to mention that Mr. Bellows of Gloucester, the printer of the well-known pocket French and English Dictionary, has prepared for me a very handy set of test-types for the approximate determination of vision. They are in English, French, and German, and in eight varieties of size, nearly corresponding to Jaeger's scale, and all contained on an octavo page. They are not suited for the exact determination, for which no common printing types will suffice; but they are quite sufficient for testing improvement or retrogression, or for prescribing spectacles. At my suggestion Mr. Bellows has struck off a few additional copies, and will supply them, post free, for twenty-four stamps.

I am, Sir, your obedient servant,

Wimpole-street. R. BRUDENELL CARTER.

HONOURS TO MEDICAL MEN IN THE COLONIES.

To the Editor of THE LANCET.

SIR,—It has often struck me as curious that some of the eminent medical men of our colonies have never received a small share of the distinctions conferred upon their fellow-colonists who have made politics or law their sphere. In the only colony where I have a knowledge of the works of some of the medical men—namely, the Dominion of Canada, I know several who have devoted thirty or forty years of their lives to the spread of medical knowledge and to the establishment of medical institutions in the country, thereby benefiting their fellow-creatures in the country to an incalculable extent. Some of these gentlemen have also obtained deservedly widespread reputations in Canada for their skill in the various branches of their profession. A few of the same honours from time to time conferred on their brethren in England would be a graceful and kindly recognition, on the part of the mother country, of well-earned reputation and years of devotion to the spread of a noble profession.

I am, Sir, yours truly,

Tonghoo, Burmah, Oct. 12th, 1873. MEDICAL STAFF.

A STRANGE STORY.

To the Editor of THE LANCET.

SIR,—I can fully endorse the statement made under the above heading by Mr. F. Mayhew. I was, about forty years ago, or at the time Eli H—— obtained the faculty of speech to the male sex, an apprentice to a medical man in the immediate neighbourhood of Baltonsborough, the village, I think, where the identical Eli H—— was born. His affliction was spoken of generally as a judgment on the father for his wicked threat. There is little in Mr. Mayhew's letter different from what I recollect at the time, only that I think the number of daughters born in succession was more than three, and I believe Eli H—— had not the power of speech even to his mother or sisters in his father's presence, nor to any male person during his father's lifetime. All this, however, is of little importance. That the general facts obtained credence forty years ago I can verify, and I trust the truth of this "Strange Story" will be satisfactorily ascertained.

I enclose my card, and am, Sir, yours truly,

Nov. 19th, 1873. MEDICUS.

PARIS.

(*From our own Correspondent.*)

THE School of Medicine of Paris has begun its winter session, and all the professors are now lecturing regularly. In one of my recent letters I gave you a list of the lecturers, together with the subjects which they had chosen for the winter course. On Wednesday last there was a goodly gathering of students and medical men to assist at the maiden lecture of a newly elected professor, Dr. Léon Lefort, who was on that day to take possession of his chair of Surgical Operations. Dr. Lefort had chosen for the subject of his inaugural lecture, "The influence of liberty in promoting the advancement of science," and was very successful in handling this philosophical question. The professor reviewed the past history of medical science, pointing out the advances which were necessarily made under the genial influence of liberty—philosophical liberty; the epochs of great and important discoveries in medicine and surgery corresponding with periods of liberty, whilst those of intolerance produced an arrest in the advance of science. Dr. Lefort referred to the labours of Hippocrates and the Greek philosophers and their grand results, which were arrested by the spirit of intolerance, ending in the exile of Anaxagoras and the condemnation of Socrates. Medicine, from this cause, remained stationary till the days of Galen. Shortly after Galen the dogma of authority flourished again; the despotism of Nero and Caligula, the invasion of the barbarians, the conversion of Constantine, again stopped progress. Then the influence of Catholicism again proved noxious, according to the lecturer, and the few names of medical men belonging to that period, and which have survived, are those of mere compilers. Progress took a fresh start with the conquest of the Arabs, but was brought to a standstill by the condemnation of Averroes. He then passed to the monks of the middle ages, who had the practice of medicine in their hands, and who made no discoveries. The discovery of printing and the Reformation gave an immense impulse to science. Surgery, as a special branch, took its birth with Paré. The philosophers (Bacon, Descartes) added to the work of reformation. Louis Petit appeared, and, "free from the noxious principle of authority, taught that science should be based on experience and reason." The great philosophical movement at the end of the eighteenth century produced, among the votaries of medical science, Hunter, Bichat, Desault, &c. After the wars of the empire, which damped all scientific progress, came the more liberal time of the Restoration, and with it Dupuytren first, and, after him, Cruveilhier, Andral, Rostan, Bouillaud, Velpeau, Malgaigne, &c., who had shed much lustre on the French school. The summing up was that the principle of authority "immobilised" science, whilst liberty favoured its advance. To qualify his remarks, Dr. Lefort added, however, that the authority of the masters should be accepted,

not slavishly, but for the purposes of comparison and elucidation. In conclusion the lecturer remarked that progress did not admit of an exclusive spirit, that the labours of other individuals and other nations should be thoroughly known and appreciated, and insisted strongly on the necessity of studying English and German, "even should Greek and Latin be sacrificed."

The official or free lecturers at the Paris hospitals have generally begun their work, and the wards present quite a busy and spirited appearance on the lecturing days. There are some most successful lecturers beside those who officially fill the clinical chairs of the Faculty: thus, besides the eminently successful Bébier and Richet at the Hotel Dieu, Sée and Gosselin at La Charité, Lasègue and Verneuil at La Pitié, may be mentioned the names of Drs. Labbé and Gallard at La Pitié, Potain at Necker, Peau and Panas at St. Louis, Demarquay at the Hospice Municipal, and others whose teaching attracts a large number of students to their respective hospitals.

The epidemic of cholera has almost entirely died out. Dr. Delpech on Tuesday last, at the Academy of Medicine, communicated his usual weekly bulletin of statistics of the epidemic, and the number of deaths from November 4th to 10th was therein stated to be only four. During the above period of time only two new cases have been admitted into the wards of the Paris hospitals, and only one death has occurred in town.

In my last letter I gave you a summary of an important article published in the *Journal Officiel*, on the rising statistics of cases of suicide in France. It has also been stated that the number of cases of lunacy has frightfully increased in this country within the last few years, and this is now furthermore illustrated by the fact that the budget of the department of the Seine, just distributed to the General Council, shows that the expenses for lunatic sufferers have trebled within the last twenty years.

At the meeting yesterday of the Academy of Sciences, M. Truchot made a communication touching the presence and proportion of ammonia in atmospheric air. The results of various experiments on the above, conducted on the heights of Clermont-Ferrand, and elsewhere, show that the proportion of ammonia increases with the altitude. Thus, at Clermont-Ferrand the proportion of ammonia was one milligramme to a cubic metre of air; whilst on the mountain peak of Nancy it reached five milligrammes.

It is reported that news has arrived here concerning the vessel on which Henri Rochefort is being transported to New Caledonia. According to this report Rochefort had been almost constantly ill from August 22nd to September 26th, making thirty-four days. It is not said what were the symptoms.

Marshal Bazaine, who was somewhat indisposed at the beginning of his trial, and afterwards became better, is said to be again suffering much from continual migrain attended by feverishness and cold sweats.

The committee appointed by the Council-General of the Department of the Seine to investigate the question whether the lunatic asylums of the department should be withdrawn from the direction of the Assistance Publique and placed under the direct authority of the Prefectoral administration, has just sent in its report, concluding almost unanimously in favour of this plan.

Paris, Nov. 19th, 1873.

Medical News.

ROYAL COLLEGE OF SURGEONS OF ENGLAND. — The following gentlemen, having passed the required examinations for the diploma, were duly admitted Members of the College on Tuesday and Wednesday last:—

Aspinall, Henry M., L.R.C.P. Edin., Fleetwood.
Benson, Percy H., M.B., Whitby, Yorkshire.
Brayn, Richard, Market Drayton.
Chadwick, George James, L.R.C.P. Edin., Portland.
Clunn, Thomas, L.S.A., Pembroke.
Conolly, Beaumont R. (late 72nd Highlanders), Kilburn.
Day, Edmund Overman, L.S.A., Hemel Hempstead.
Dixon, Henry G., Dublin.
Douglas, Claude, Ilkley, Yorkshire.
Elliott, Frederick H., Andover, Hants.
Fenton, George F., San Remo.
Firth, Charles, M.B. Lond., Norwich.
Gibbings, Ashley, Chichester.
Gould, Thomas, L.R.C.P. Edin., Halesowen.
Grant, John, M.D., Ontario, Canada.
Greet, William Ambrose, L.S.A., Penton-place.
Hawton, James W. H., L.S.A., Devonport.
Hosking, William H., L.S.A., Rose, New Zealand.
Houghton, Walter B., Tottenham-court-road.
Hunt, Richard, Leeds.
Kesteven, Leighton, Holloway-road.
Keyworth, George Hawson, L.S.A., Wellingley, Yorkshire.
Lechler, Henry M., M.B., Newcross.
Lloyd, Morgan, Carmarthen.
Lowe, Charles H., Burton-on-Trent.
Lush, William Henry, West Lavington, Wilts.
Mason, Henry William, Cirencester.
O'Brien, James Octavius, L.S.A., Henfield.
Parson, Henry, Clapham.
Philps, Vincent, Ongar, Essex.
Pilkington, William B., L.S.A., Crawshabooth.
Pocock, Walter, Brixton-road.
Pyburn, George Wilkinson, Hull.
Rigby, James A., L.S.A., Preston, Lancashire.
Sheard, William, L.S.A., Croydon.
Vincent, Henry Bird, L.S.A., East Dereham.
Walmsley, Francis H., Manchester.
Watson, Percival H., Newcastle-on-Tyne.
Whittington, Charles Edward, L.S.A., Tuxford, Notts.
Whittle, Edward George, Whitehaven.
Wilcox, Henry, M.B., St. Neots, Huntingdonshire.

APOTHECARIES' HALL. — The following gentlemen passed their examination in the Science and Practice of Medicine, and received certificates to practise, on Nov. 13th:—

Baskerville, John Dunbar, Kingstown, Ireland.
Findlay, A. C. T., Brooksby-street, Islington.
Gard, William John, Stoke, Devonport.
Taylor, John William, Lewes, Sussex.

The following gentleman also on the same day passed his Primary Professional Examination:—

Jones, William Makeig, Guy's Hospital.

COLLEGE OF PHYSICIANS, IRELAND.—At examinations recently held the following gentlemen obtained the licences in Medicine and Midwifery:—

MEDICINE.—Francis Edward Clarke, John Hoysted Courtenay, Gerald Francis Yeo.
MIDWIFERY.—Francis Edward Clarke, John Hoysted Courtenay, Patrick Horne, William Wells Howard.

MR. J. B. STEDMAN, F.R.C.S., &c., has been elected Mayor of Godalming for the ensuing year.

THE RICHMOND INFIRMARY has received upwards of £250 from the Hospital Sunday collection held this year in Richmond and the neighbourhood.

QUEEN'S UNIVERSITY IN IRELAND.—On the 14th inst. the following gentlemen were appointed Examiners for 1874-75:—Midwifery: J. Rutherford Kirkpatrick. Medicine: Henry Kennedy. Forensic Medicine: J. Emerson Reynolds. Materia Medica: Walter G. Smith. Surgery: Professor Browne.

VACCINATION AWARDS.—The following gentlemen have received from the Local Government Board the undermentioned sums for proficiency in vaccination:—Dr. Edward Davies, of Wrexham, £60 5*s*. (this gentleman also received a grant of £83 14*s*. in 1871); Mr. Cecil Smith, of Maidstone, £53 5*s*.; Mr. Peter Swales, of Sheerness, £30 17*s*.; Mr. William Ramsay, of Hutton Buscel, Scarborough, £10 4*s*.

THE ROYAL SOCIETY MEDALS.—The Copley Medal and the two Royal Medals in the gift of the Royal Society, have this year been awarded as follows:—The Copley Medal to Prof. Helmholtz, the distinguished physiologist, physicist, and mathematician, of Berlin; a Royal Medal to H. E. Roscoe, F.R.S., Professor of Chemistry in Owens College, Manchester; and a Royal Medal to Dr. Allman, Professor of Biology in the University of Edinburgh.—*Nature*.

THE PUBLIC HEALTH ACT, 1872.

[In the following list the letters "P.S.D." signify Port Sanitary District, "R.S.D." Rural Sanitary District, and "U.S.D." Urban Sanitary District.]

Districts, and Medical Officers.	*Salary per ann.*	*Area in Acres.*	*Population.*
Ashby-de-la-Zouch, R.S.D.—viz.:			
Division No. 1—Mr. Wm. Joyce	According to services.	6341	7302
" " 2—Dr. Perry Dicken		5630	3413
" " 3—Dr. Perry Dicken		7008	2889
" " 4—Mr. Christopher J. B. Johnson		6661	7163
" " 5—Dr. Joseph Hatchett		10709	5620
" " 6—Mr. Wm. W. Pearce		14791	6166

Districts, and Medical Officers.	*Salary per ann.*	*Area in Acres.*	*Population.*
Beaminster, R.S.D.—viz.:			
Beaminster Division.—Mr. Wm. J. Daniel ...	£28 5s.	10680	4027
Evershot " Mr. John J. Clapcott..	£30	15000	2932
Marshwood " } Mr. R. W. Broster ...	£17 10s.	4877	949
Misterton " }		8031	1470
Netherbury " Mr. John S. Webb ...	£30 15s.	14741	3786
Bisley, U.S.D.—Mr. Thomas Partridge	£10	11621	4085
Bury St. Edmunds, U.S.D.—Mr. Aldrich	£52 10s.	—	15000
Chailey, R.S.D.—Mr. Richard Gravely	£100	36258	9616
Chertsey, Dorking, Epsom, Reigate, R.S.D.s } Epsom, Reigate, U.S.D.s } Mr. Edward L. Jacob...	£600	170003	95001
Crediton, R.S.D.—Mr. Josiah Body	£70	88713	15186
Dalton-in-Furness, U.S.D.—Mr. Sydney Johnson	£60	7000	10500
Depwade, R.S.D.—Mr. John Candler	£80	67314	20423
Dore, R.S.D.—Mr. David Evans	£50	74017	9556
Dorking, R.S.D.—combined with Chertsey R.S.D. and others.			
East Retford, R.S.D.—Mr. Edward J. Asbury ...	£100	67606	19113
Eccleshill, U.S.D.—Mr. John P. Aston	£30	1200	5621
Epsom, R.S.D. } combined with Chertsey R.S.D.			
Epsom, U.S.D. } and others.			
Eton, R.S.D. } Mr. Albert J. Southey	£100	40045	20424
Eton, U.S.D. }	£20		
Glendale, R.S.D—viz.:			
Wooler Division.—Dr. Robert Walker	£40	66809	2935
Ford " Mr. Joseph Brown	£40	60700	6253
Goole, Selby, R.S.D.s } Selby, U.S.D. } Dr. Henry F. Parsons ...	£500	93155	33650
Helston, R.S.D.—viz.:			
Helston Division.—Mr. Walter Wearne... ...	£8	16452	2089
St. Keverne " Mr. George Appleton ...	£10 15s.	20312	3688
Wendron " Mr. Chas. F. Bullmore ...	£13 15s.	18862	9379
Crowan " Mr. John Vivian ...	£13 15s.	15584	8876
Hoo, R.S.D.—Mr. Henry Edwards...	£20	20862	3136
Kingsbridge, R.S.D.—viz.:			
Division No. 1.—Mr. John M. Paddlecombe ...			
" No. 2.—Mr. John Hole	£1		
" No. 3.—Mr. John Elliot	per	72019	19394
" No. 4.—Mr. Francis S. Cornish ...	case		
" No. 5.—Mr. Francis D. Pearce... ...			
Llanelly, R.S.D.—Mr. Benjamin Thomas	£180	51875	20730
Lunesdale, R.S.D.—Mr. H. W. A. Sandell	£25	75630	6978
Malmesbury, R.S.D.—viz.:			
Division No. 1—Mr. Charles W. Pitt	£15	14750	2260
" " 2—Mr. Richard Kinneir ...	£22 10s.	19611	3667
" " 3—Mr. Joseph C. S. Jennings ...	£18 15s.	11858	2877
" " 4—Mr. John Betts	£15	10878	2464
Malmesbury, U.S.D.—Mr. Charles W. Pitt	£15	—	3142
Mansfield, Southwell, R.S.D.s } Worksop, } Dr. John Beever ...	£500	210327	59628
Mansfield, U.S.D.			
Melksham, R.S.D.—Mr. Geo. J. Perry	£80	14000	4400
Meltham, U.S.D.—Mr. Thos. A. Haigh	£20	4549	4229
Milton, R.S.D.—Mr. Edward R. Ray	£50	29083	9582
Morpeth, R.S.D.—Mr. William Clarkson	£50	62720	10482
North Aylesford, R.S.D.—viz.:			
Strood Division—Mr. Robert R. Brown... ...	£40	13250	5488
Northfleet Division—Mr. Philip Whitcombe	£50	20240	10474
Ongar, R.S.D.—viz.:			
Division No. 1.—Mr. John R. Clouting	£36 15s.	13730	3105
" No. 2.—Mr. James R. White	£19 5s.	6300	1434
" No. 3.—Mr. Frank D. Potter	£60 11s.	25528	6094
Penzance, P.S.D.—Mr. Francis Boase	—	—	—
Plymouth, P.S.D.—Mr. John N. Stevens	Fees accord. to services		
Pontypool, R.S.D.—viz.:			
Pontypool Division.—Dr. John Williams ...	Not	1721	1172
Pantesgue " Mr. John Sims Cousins	fixed	9120	2300
Usk " Mr. Alex. J. Shepard ...		21384	2841
Reigate, R.S.D. } combined with Chertsey R.S.D.			
Reigate, U.S.D. } and others.			
Selby, R.S.D. } combined with Goole R.S.D.			
Selby, U.S.D. }			
Shepton Mallet, R.S.D. } Dr. Frederick P. Smith	£105	47550	16003
Shepton Mallet, U.S.D. }			
Southampton, P.S.D. } Mr. Henry Osborne ...	Not fixed	—	—
Southampton, U.S.D. }		—	55000
Southwell, R.S.D. — combined with Mansfield R.S.D. and others.			
St. Austell, R.S.D. } Mr. Richard F. Stephens ...	£125	54331	27149
St. Austell, U.S.D. }	£25	186	3803
Stow-on-the-Wold, R.S.D.—viz.:			
Division No. 1—Mr. Philip D. Hopgood ...	£15	12215	2459
" " 2—Mr. John Moore	£15	14255	3000
" " 3—Mr. Alfred S. Drew...	£15	16143	3489
Stratton, R.S.D.—Mr. James M. Braund	£50	52008	7813
Stroud, U.S.D.—Mr. Thomas Partridge	£50	1000	7000
Swansea, R.S.D.—Mr. James Rogers	£350	—	18380
Thetford, R.S.D.—Mr. Frederick W. Joy	£70	111830	13000
Turton, U.S.D.—Mr. John Robinson	£10	4231	5000
Walsingham, R.S.D.—Mr. Francis Coomber ...	Fees	75835	16093
Wangford, R.S.D.—viz.:			
Beccles Division—Mr. Edward B. Crowfoot ...	£30	16289	2982
Bungay " Mr. Robt. E. E. Barkway	£98	16898	6331
Wheatenhurst, R.S.D.—viz.:			
Haresfield Division—Dr. D. W. Eshelby ...	£50	13157	3367
Frampton " Mr. Thomas Watts ...	£50	11314	4442
Wigton, R.S.D.—Mr. Wm. P. Murphy	£100	18503	112818
Worksop, R.S.D. — combined with Mansfield R.S.D. and others.			

Medical Appointments.

ANDREW, Dr. W. W. W., has been appointed Medical Officer for the Hendon District of the Hendon Union, vice Belgrave, resigned.

BOURKE, W., M.B., C.M., has been appointed Resident Physician for the Clinical Wards of the Royal Infirmary, Edinburgh.

BRADLEY, W. T., L.D.S., has been appointed Surgeon-Dentist to the Chichester Infirmary.

CAMERON, Dr., has been appointed Analyst for the City of Limerick: £25 for one year.

CAMPBELL, J., M.D., has been appointed Assistant-Surgeon to the Leith Hospital.

DANIEL, J., L.R.C.P.Ed., L.R.C.S.Ed., has been appointed House-Surgeon to the Leith Hospital.

DORAN, A. H. G., M.R.C.S.E., has been appointed an Assistant in the Museum of the Royal College of Surgeons, England, vice Liddesdale, resigned.

DUDFIELD, T. O., M.D., has been appointed Public Analyst for St. Mary Abbotts, Kensington.

FLETCHER, G., M.R.C.S.E., has been appointed Medical Officer and Public Vaccinator for the Bedfield District of the Hoxne Union, vice Andrew, resigned.

GRUBB, R. T., M.R.C.S.E., has been appointed Medical Officer and Public Vaccinator for the Great Pardon and Roydon Districts of the Epping Union, vice Eady, resigned.

HODGES, W., L.R.C.P.L., M.R.C.S.E., has been appointed Medical Officer of the Clifton Union Workhouse, vice Bernard, resigned.

HOPKINS, H. C., M.R.C.S.E., has been appointed Surgeon to the Western Dispensary, Bath, vice Dr. Hamilton, resigned.

JAY, H. M., L.R.C.P.Ed., M.R.C.S.E., has been appointed Medical Officer to the Workhouse, and Medical Officer and Public Vaccinator for the Pewsham District of the Chippenham Union, vice Kitchener, resigned.

LEONARD, M.R.C.S.E., has been appointed House-Surgeon to the Charing-cross Hospital.

LITTLE, T. E., M.D., L.R.C.S.I., has been appointed University Anatomist in the University of Trinity College, Dublin, vice Bennett, appointed Professor of Surgery.

MACPHERSON, G. G., M.B., C.M., has been appointed House-Surgeon to the Chichester Infirmary, vice P. A. Murdock, M.B., resigned.

MADELEY, G. S., M.R.C.S.E., has been appointed a Surgeon to the Ardwick and Ancoats Hospital and Dispensary, Manchester, vice Shedd.

MULCAHY, P., F.R.C.S.I., has been appointed Medical Officer and Public Vaccinator for the Ballinamore Dispensary District of the Bawnboy Union, vice Loughnan, deceased.

RUSSELL, H., B.A., M.B., C.M., has been appointed Resident Surgeon to the Clinical Wards of the Royal Infirmary, Edinburgh.

SMITH, J. A., M.R.C.S.E., has been appointed House-Surgeon to St. Peter's Hospital.

SMITH, Mr. G. (Coldstream), has been appointed Medical Officer and Public Vaccinator for the Ford District of the Glendale Union, Northumberland, vice Thornton, resigned.

STACK, T., M.B., L.R.C.S.Ed., has been appointed Resident Surgeon to the Richmond Hospital, Dublin, vice Thomson, appointed a Visiting Surgeon.

Births, Marriages, and Deaths.

BIRTHS.

BLACK.—On the 16th inst., at Marquess-road, Canonbury, the wife of Robt. J. Black, M.D., of a daughter.

FULTON.—On the 10th inst., at Roebuck House, Milltown, Co. Dublin, the wife of J. Fulton, L.R.C.S.I., of a daughter.

HARVEY.—On the 9th inst., at Boulogne-sur-Mer, the wife of John S. S. Harvey, M.D., of a daughter.

PITTOCK.—On the 9th inst., at Cecil-square, Margate, the wife of G. M. Pittock, M.B., of a daughter.

PRESCOTT.—On the 14th inst., at Woolwich, the wife of A. S. K. Prescott, M.R.C.S.E., Staff Surgeon-Major Army, of a son.

WIGG.—On the 16th inst., at West Villa, Southminster, Essex, the wife of Thomas Carter Wigg, M.R.C.S.E., &c., prematurely of a daughter, still-born.

WILL.—On the 17th ult., at Trichinopoly, Madras, the wife of Geo. Elmsly Will, L.R.C.P.Ed., Assistant-Surgeon Royal Artillery, of a son, still-born.

MARRIAGES.

JAMES—PRITCHARD.—On the 6th inst., at St. Jude's, Southsea, Henry N. L. James, M.D., Surgeon Army Medical Department, to Jane E. P., daughter of the late Capt. Pritchard, R.N.

TATE—HETHERINGTON.—On the 11th inst., at St. Stephen's, Dublin, Robt. Tate, M.D., Surgeon 2nd Regiment, to Lucy Emma, daughter of the late George Hetherington, M.B.

DEATHS.

BURFORD.—On the 17th inst., at Eastbourne, Robt. W. Burford, M.R.C.S.E., late of Camden-road, aged 42.

DALTON.—On the 12th inst., at Bournemouth (after a long and painful illness), Wm. Dalton, M.R.C.P.L., F.R.C.S.E., late of Cheltenham, and formerly of Swansea, in his 71st year.

DICKER.—On the 11th ult., at Liverpool, P. H. Dicker, L.S.A.L., late of Oswestry, aged 63.

GRANTHAM.—On the 14th inst., John Grantham, F.R.C.S.E., of Crayford, aged 72.

O'CONNOR.—On the 7th inst., Wm. H. O'Connor, L.A.H.D., of Richmond-street South, Dublin.

TISDALL.—On the 9th of June, at Alexandria, Louisiana, Dr. W. H. Tisdall, late of Ballymore-Eustace, Naas.

WATTS.—On the 14th inst., at West Hackney, Robt. Watts, M.R.C.S.E., formerly of Clifton, aged 72.

Notes, Short Comments, and Answers to Correspondents.

AFRICAN FEVERS.

WE have recently consulted Dr. Livingstone's Narrative of his Expedition to the Zambesi and its tributaries, and we are glad to notice that the results of the worthy doctor's experience in Eastern Africa—the opposite point to that in which our troops are at present engaged—fully substantiate what we have published from time to time regarding the medical aspects of the Ashantee expedition. The account which Dr. Livingstone gives of fever in Eastern Africa is very interesting at the present time. He states that a considerable amount of fever occurs in March and April, especially in the latter month, when large surfaces of mud and decaying vegetation are exposed to the hot sun. In general an attack does not continue long; but it debilitates quickly the subject of it, though, when the fever is checked, the strength is speedily restored. It had long been observed that those stationed in one spot for any length of time, and leading sedentary lives, suffered more than those who were moved about and had both mind and body occupied. Whatever may be the cause of the fever, it was observed, says Dr. Livingstone, that all were often affected at the same time, as if from malaria. This was particularly the case during a north wind. It was found that both believers and unbelievers in quinine suffered equally from fever, and the use of quinine as a prophylactic was finally abandoned. "The best preventive against fever is plenty of interesting work to do and abundance of wholesome food to eat. A man well housed and clothed will not find it a more formidable enemy than a common cold." It is of a milder type at Tette than at Quillimane or on low sea-coast; therefore it is always advisable for strangers to hasten to the higher lands, that it may be of the milder type. The Portuguese authorities acted on this knowledge furnished by Dr. Kirk, and sent a detachment of soldiers up to Tette. It consisted of 80 men, and in three years only 10 died, and but 5 of fever. Although quinine was not found to be a preventive, it was invaluable in the cure of the complaint when the usual symptoms began. As some of our military readers may be going to the Gold Coast, and Dr. Livingstone's volume may not be readily accessible to them, we may add that he strongly recommends the administration of a combination of purgatives with quinine and calomel in the initial stage of the fever, and preparatory to the use of quinine in larger doses. Warburg's tincture, which has been so much extolled in India, was not found efficacious in the treatment of the fevers of Eastern Africa. Many years have elapsed since Dr. Livingstone's observations and formulæ were published, and the expeditions sent out by the Royal Geographical Society have been always furnished with supplies of the pills recommended by him, which can now be procured of most respectable firms in London.

Rev. C. H. C. (Hollinsclough) might apply to the Secretary of the Medical Benevolent Fund, 11, New Burlington-street.

NEPHRITIC RETINITIS.

To the Editor of THE LANCET.

SIR,—I regret to have to trouble you to make a correction in our house-surgeon's report of my case of Retinitis ("Mirror of Hospital Practice," page 703). The last paragraph should read as follows:—"It is believed that the loss of sight is due to uræmic toxæmia; and Dr. Schwergger has noticed that when nephritic retinitis is associated with hypertrophy of the heart, the loss of sight is due to tension of the arterial system, and increased circulatory troubles from the enlarged state of this organ."

I may perhaps also be permitted to add that, in my opinion, the case presents several points of interest, inasmuch as the patient was very young; and although the well marked retinal changes were rapidly followed by loss of sight, no kidney mischief was suspected, certainly not detected, during life. Even the post-mortem naked-eye appearances were not at all conclusive, as my colleague, Mr. Cowell, who carefully examined the kidneys, was not satisfied that any important structural change had taken place in them. Dr. Hughlings Jackson saw the patient about six hours before death, during an epileptic seizure, and suspected the presence of a tumour or other cerebral mischief. Your obedient servant,

Bedford-square, Nov. 17th, 1873. JAREZ HOGG.

"WHO IS DR. HASSALL?"

IN the case of Raggett *v.* Findlater on the 11th inst., when the plaintiff's counsel was reading the affidavit of Dr. Arthur Hill Hassall in support of the plaintiff's case, Vice-Chancellor Malins is said to have asked, "Who is Dr. Hassall, is he known?" Dr. Hassall may be regarded as the founder of analytical science as applied to the detection of adulteration of food, and we had thought that he was known wherever men at once grateful and intelligent existed. "Not to know me," he might say—but we must not complete the quotation. The exception only proves the rule, and Vice-Chancellor Malins' question is only interesting as showing that there is one Judge unacquainted with the history of the most important applications of analytical science.

INSANITY IN THE NAVY.

To the Editor of THE LANCET.

SIR,—It would be interesting to know how many of the inmates of the Royal Hospital for Insane at Yarmouth who are suffering from general paralysis used tobacco, as its use in excess, and even in moderation, greatly affects the functions of the nervous system.—Your obedient servant,

Falmouth, Nov. 8th, 1873. T. STOKES GUPPY, M.D.

"MEMPHIS FRUENTEM SIDONIA NIVE."

NATURE has succeeded where science failed, and by the application of her "ice-treatment" has arrested the *comito* at Memphis. The *Appeal* of that city gives a picturesque account of the first appearance of frost in its streets: "While it was yet twilight, people were abroad breathing the precious air of the purifying frost. Here, stooping down, one gathered a handful of the glittering hoar-frost which, pure and beautiful, lay upon the earth, and, gazing upon it with somewhat of the gladdening spirit with which the Israelites gathered the manna in the desert of Arabia, exclaimed, 'O God, we thank thee for this blessing.' Others came and touched with reverential fingers the pure, cold messenger of health, as if to satisfy themselves, like the half-believing Thomas of old, that the Saviour of the city had descended from heaven to save the people from the destroying angel of the pestilence. Groups of men and women moved from place to place to prove by cumulative evidence that indeed it was frost and not some optical illusion; that the wished-for guest had not merely confined his visitation to one locality, but enjoyed the freedom of the city. Strong men, bare-headed and bare-armed, walked excitedly hither and thither, rejoicing in the fact that a physician had come, to whose nostrums the whole faculty must yield precedence as the only true panacea for the terrible yellow fever." Slightly "high-falutin," this is doubtless an accurate report of the joy of Memphis at the arrest, if not the total disappearance, of her decimating foe.

St. Thomas.—Strictly speaking, the employer is entitled to the fee; but in keeping it he cannot be charged with liberality.

CASE OF PARACENTESIS VESICÆ SUPRA PUBEM; RECOVERY.

To the Editor of THE LANCET.

SIR,—The above operation being of very rare occurrence, I think the following case worthy of record.

W. C——, an old gentleman nearly eighty-two years of age, very corpulent and fat, has suffered on and off for the past twelve months from retention of urine, in consequence of an enormous prostate; but I could always relieve him by a prostatic catheter till about a month ago, when I was sent for early one morning, my patient having the old difficulty. On arrival I found him in great pain, and he had not passed urine for twelve hours. I tried to pass a catheter, but found it could not be got through the prostatic portion of the urethra, the gland being considerably enlarged, and the passage irritable. A warm bath and medicinal remedies were tried in vain. After consulting with two other medical friends, we determined to puncture the bladder above the pubes as our only remedy, the prostate being so very large that it was impossible to reach the bladder through the rectum. The tube was left in with a gum catheter through the canula. The urine was drawn off in this way for ten days, when it began to pass through the urethra. My patient being strongly averse to any attempt to pass a catheter, I administered nitrous oxide gas—chloroform being quite out of the question in one so fat and already somewhat exhausted,—when a No. 10 silver catheter was passed, and allowed to remain in for forty-eight hours: the canula withdrawn above the pubes, and the hole stopped with a wad of lint. Now, one month from the operation, my patient is as well as ever he was, the opening into the bladder quite closed, and passes his urine naturally in a good stream without difficulty. There was no infiltration nor diffuse cellulitis, as might have been expected. I am of opinion that nitrous oxide was of great value in this case. The whole operation, from the time the inhaler was put before the patient's mouth to return of consciousness only occupied two minutes and a half.

Yours truly,

Leigh, Tunbridge, Oct. 13th, 1873. C. G. SIMONS, M.R.C.S., &c.

A POCKET HAMMOCK.

OFFICERS proceeding on service to the Gold Coast will thank us for calling their attention to a capital and very portable form of hammock, made of Manilla hemp, which they can obtain from the agents at 32, Basinghall-street, E.C. It will be found very useful and comfortable for soldiers in the field, and is capable of being turned to several purposes besides that of a hammock for sleeping, such as a means of easy transport when slung (palanquin fashion) on a bamboo pole for a sick or tired soldier, or for the conveyance of supplies. It weighs only 1 lb. when packed, and has two ropes, screw-hooks, and case supplied with it.

Mr. Charles d'Elcheguyen.—The address of the hospital is, Hospital for Women, 72, Seymour-place, W. There are no legal restrictions of the kind of practice referred to. Anybody, strange to say, may practise as an accoucheur.

R. B. V. must consult his medical adviser, as we do not prescribe.

HABITUAL CONSTIPATION.

To the Editor of THE LANCET.

SIR,—The remedy I would suggest to your correspondent, "Colon," for habitual constipation is one which has been so justly lauded by Hufeland and Tessier—viz., St. Germain tea, which is made as follows: Elder flowers, 275 grains; fennel seed, 90 grains; anise, 75 grains; bitartrate of potass, 75 grains; senna-leaves, 360 grains. Mix well. The senna-leaves are to be previously steeped for twenty-four hours in alcohol, which is to be allowed to evaporate spontaneously. The whole is to be divided into twelve packets, and the patient is to take a cup of infusion prepared with one of them every morning. Yours faithfully,

Boulogne-sur-Mer, France, November, 1873. W. COBY, M.D.

To the Editor of THE LANCET.

SIR,—Has "Colon" ever tried the following prescription, which I have found most efficacious in some chronic cases?—Extract of nux vomica, socotrine aloes, of each half a grain. To be made into a pill, and taken every night for a week, and then gradually to be dispensed with.

Yours, &c.,

November 17th, 1873 RECTUS.

A NEW PLAN IN THE TREATMENT OF ERECTILE TUMOURS BY VACCINATION.

DR. P. BATHEDAT, of Bayonne, in a letter addressed to the Editor of *L'Union Médicale*, points out what he supposes to be the cause of the frequent failure attending the treatment of erectile tumours by vaccination. The drop of blood, he asserts, that follows the prick of an ordinary lancet carries away with it in the majority of cases the vaccine lymph, and very few or no pustules are obtained. To remedy this, he uses a needle instead of a lancet, and has successfully employed this method in four consecutive cases. It has the merit of simplicity, he says, and the punctures can be multiplied *ad infinitum*, so that a veritable vaccine crust is formed over all the diseased surface, whatever may be its extent. Tumours, he adds, the dimensions of which would not even have allowed a trial of cure with the ordinary lancet, may be treated by this method with a fair chance of success.

Expectans.—1. Friedrichshall Water can be obtained from W. Best & Son, Henrietta-street, Cavendish-square.—2. Basham and Roberts on Diseases of the Kidney.—3. Sir H. Thompson's last series of Clinical Lectures.

Anxiety.—He should consult a medical man.

FOREIGN BODIES SWALLOWED BY CHILDREN.

To the Editor of THE LANCET.

SIR,—The case related by Dr. Turner is interesting; but the following one is still more remarkable.

On the 29th of September, 1869, I was hurriedly called into the shop of a patient, which I happened to be at the moment passing, to see an infant, four months old, which was said to be choking from "something in its throat." I found the infant livid and struggling for breath. The mother said she thought the child had a piece of toffy in its throat; and on passing my finger I felt a hard and yielding substance, which broke into two on my endeavouring to extract it. With a severe struggle the infant swallowed the whole. The breathing was directly relieved, and the child was soon able to take the breast. Under the impression that it was only a lump of toffy that had "gone down," we thought all danger over; but as the child cried very much, and appeared in pain, a small dose of castor oil was given in the night, and early the following morning the infant passed a triangular piece of walnut-shell, two-thirds of an inch long, and half an inch in its widest part. The child was much better all day, but commenced screaming again at night. The mother gave another dose of oil, and a few hours afterwards a second piece of shell was passed, which fitted exactly to the former piece, the whole forming nearly the half of a small walnut shell. The child had no further symptoms, and is now a fine little boy.

Although the best authorities recommend the non-administration of aperients when foreign bodies enter the stomach, yet in this case the castor oil (given under an erroneous impression) was, I think, attended with very happy results. Yours obediently,

Hampstead-hill-gardens, N.W., Nov. 1873. EDMUND GWENN, M.D.

To the Editor of THE LANCET.

SIR,—In your issue of the 8th instant I observe a letter from Dr. Turner, in which he describes the case of a child of sixteen months having swallowed a farthing, which remained in the alimentary canal for four days and a half. I shall feel glad if you will record the following similar case.

On the morning of the 14th ult., a lady brought her little boy, aged two years and three months, to me, and was in great alarm at his having swallowed a halfpenny. The obstruction to the breathing did not last for more than a few seconds, and when I saw the child he seemed to be in his usual health. I advised a little castor oil to be given in the evening, and that the child should be fed on suet-pudding and similar articles of diet. During the first day there was a good deal of vomiting, which subsided the following morning, and from that date to the expulsion of the coin with the fæces (which took place on November 1st) the little patient was in excellent health. It appears remarkable that so large a coin should have remained for such a long period (seventeen days and a half) in the alimentary canal of so young a child without producing any ill-effects.

I am, Sir, your obedient servant,

JOHN L. LECKIE, L.R.C.P. Ed.

Pontypridd, Glamorganshire, Nov. 15th, 1873.

A YANKEE PHENOMENON.

ROBERT SEXBURY, famous in former years as a hunter, and as having killed in Northern New York more than 2200 deer, has just died in Jefferson County at the age of 110 years and 7 months. When over 80 he sustained an accident, necessitating amputation of the leg, and without flinching he assisted the physician in performing the surgical operation. His funeral was attended by some of his children, whose ages were between 80 and 90.

Medicus.—Our correspondent is duly registered. It would be well to put Erlangen after the words M.D., and then his position would be impregnable. The degree is not registered.

SCARLATINA.

To the Editor of THE LANCET.

SIR,—Your insertion of the following case and query will much oblige. A healthy girl, aged eight years, was attacked with scarlatina *sine* exanthemate, and got over the throat symptoms, which were very severe. On the third day of convalescence she complained of pains in the lower extremities, which were relieved by fomentations, &c. On the fourth, black patches began to show on the insteps, front portions of legs, and knee-joints; these gradually became larger, and two others appeared on each side of the trunk. They all became quite black, those on the legs measuring four inches by three, the others not so large. The disease proved fatal in twenty-four hours from first appearance. Can this be regarded as a case of purpura hæmorrhagica or one of idiopathic gangrene? Has it been often met with in scarlatina *sine* exanthemate? Her sister, two years older, had the disease with copious eruption, and has done well.

I remain, Sir, yours truly,

November 18th, 1873. B. J. G.

BEET-ROOT SUGAR.

Sigma, (Newcastle-on-Tyne.)—Yes; the field for the cultivation of beet-root sugar in Italy is being rapidly utilised. Sixteen years ago the beet-root of the Sabine territory (according to *The Times* correspondent), as doubtless that of all Southern Italy, contained more sugar than the same root in transalpine countries, insomuch that at Rieti some enterprising persons undertook to compete with the 500 sugar-houses already in operation throughout France. The experiment at first miscarried, owing to a French contractor who embezzled the money advanced him for the purchase of machinery. Two years ago a capital of 1,000,000 fr., one-fourth of which was subscribed by a nobleman of the neighbourhood, was raised by a Society, which erected a building furnished with machinery from Germany. The mill has been at work for eighteen months, employs 200 workmen, and is so successful as to encourage the beet-root sugar industry throughout the whole district.

Saoul.—Our correspondent's inquiry was answered in the "Notices to Correspondents" on receipt of his first letter.

MEDICAL TITLES.

To the Editor of THE LANCET.

SIR,—I have read your notice in last week's LANCET relative to the case of Dr. Archer Farr at the Southwark Police Court, whither he was summoned for illegally using the title of "surgeon"; and while I agree with you that the decision of Mr. Partridge may not have been strictly legal, I contend it was highly equitable, because medical titles are not to be interpreted only by those who *are* of the profession, but, and principally, by those who *are not* of the profession—viz., the public. Now, Sir, I maintain that when any member of the public is ill he naturally sends for a *surgeon*, understanding by that title a person who is a doctor or general practitioner, or otherwise duly qualified person, and he, as a person outside the profession, does not understand the subtle distinctions between doctor of medicine, physician, surgeon, apothecary, and general practitioner, nor indeed does it appear to me that the Medical Act ever intended that he should, as the preamble sets forth that it is desirable that qualified shall be distinguishable from unqualified persons; and the Act further states that persons may recover their charges, either medical or surgical, according to their qualifications, evidently showing that if practitioners go beyond their own particular vocation the law will not protect them. The term "apothecary" is now-a-days all but obsolete in the sense in which it was used fifty years ago, and is associated in the non-professional mind with a chemist; and while we find in London and elsewhere numbers of men who are practising medicine with a surgical diploma only, it does seem very unfair that licentiates of the Hall should be called upon to answer at a criminal tribunal for using the title by which a general practitioner is commonly known, that of "surgeon." If they have not a legal right to the title, it certainly ought out of courtesy to remain unchallenged until sweeping amendments have been made in the Medical Act.

I am, Sir, your obedient servant,

November 17th, 1873. ROBERT FRESTON, L.S.A. Lond.

*** There is much that is reasonable in the above letter; but it goes too far.—ED. L.

MATERNAL IMPRESSIONS.

In the *Bulletin de la Soc. de Méd. de la Suisse Romande*, July 7th, 1873, M. Clerc states that the late Prof. Küss, of Strasburg, used to relate the following:—A female patient, whom he knew perfectly, and who had several times had connexion in America with a negro, was put into a convent, where she stayed two years. She married on leaving the convent, and nine months afterwards gave birth to a black child. M. Clerc also alluded to a black mare, which, after being covered by a black stallion, produced a bay foal. The latter colour was that of a mare with which she habitually worked, and which she seemed to like much. If imagination has really such a powerful influence, we ought to take advantage of it, and surround those likely to increase the family with objects remarkable for grace and beauty. It is well known that the Romans acted on this belief.

M. S., (Kingston-on-Thames.)—Prof. Parkes's work.

THE PUFF DIRECT.

To the Editor of THE LANCET.

SIR,—Whilst promenading at Riviere's Concert the other night, I was attracted to the photographic stall, where, to my surprise, amongst a number of celebrated singers and wonderful ballet girls, I saw a full-sized photographic portrait and a carte de visite of a gentleman who belongs to our profession—namely, Mr. ——. This gentleman, you will see from the back of the carte de visite, enjoys the distinction of F.R.C.S. This is, doubtless, an honorary title conferred upon him by Mons. Riviere. Surely Mr. —— cannot be aware "to what base uses" his photographs are put.

Your obedient servant,

November, 1873. A PLAINTIFF.

A SOUR COMPANION.

A MEDUSA was lately sent to the Paris Aquarium, and immediately placed into a tank. It was soon observed that all the other creatures perished around it. The water had been turned into vinegar. This showed that this mollusc was a very rare specimen—viz., of those which plunged in water, soon secrete an acetic acid liquid. It is supposed that this medusa first produces alcohol, which it subsequently transforms into vinegar.

Jupiter should take one of two courses—either to express his convictions to the authorities with a view to receiving explanations which might remove his fears, or to resign the appointment which he holds. It is true that he is not responsible for the soundness of the institution for which he acts; but if he has grave reasons to doubt its soundness, he should either satisfy himself by inquiry on the subject, or refuse to be identified with it.

Mr. A. B. Crowther.—Received with thanks.

CANNIBALISM.

CAPTAIN H. SIMPSON, of H.M.S. *Blanche*, reports to the English Government the existence of a community of cannibals on Isabel Island, in the Pacific Ocean. One chief had a row of twenty-five heads undergoing the process of "preserving" in front of his hut. "The great object in life among the people is to get each other's heads." Those who are entitled to speak with authority on such a subject aver that a missionary who smokes is not near so toothsome a morsel as one who does not impregnate his tissues with tobacco. Great smokers are markedly bitter, unless well hung and dried.

Mr. P. J. Hynes, (Nottingham.)—Our correspondent's letter does equal credit to his head and heart. We must, however, be excused from entering on a polemical warfare.

MEDICAL WOMEN.

To the Editor of THE LANCET.

SIR,—In your journal of the 1st instant I observed an article on women doctors. I had previously seen other remarks on the same subject; but they all appear to be by far too mildly written. In these leveling and liberalising times I think you should oppose the movement in favour of women doctors with all your power. The reputation—nay, the very existence of our noble profession is the question at issue. Let women attend to the work for which nature has designed them, and let men occupy their own positions.

My chief object in writing to you is to draw your attention to the medical school at Zurich, in Switzerland, and the doings of the female students there. A short time ago their conduct was so bad that the Emperor of Russia ordered the females from Russia to return to their homes. Although this was noticed at the time, yet I could never find out the particulars of their bad conduct. But an inference, and one of the worst kind, can be drawn. I lately read an extract from a correspondent (in Zurich I presume), taken from the *Pall Mall Gazette*, in which he says: "Were I to tell the English people all the behaviour of these female students, one half would never be believed, the other never read. We cannot conceive to what lengths of disreputable extravagance respectably educated girls will go when they try to shake off the laws of propriety and modesty which ought to bind the sex." The editor of the paper in which I read the extract then says: "The result has been that an eminent professor who advocated the admission of women to medical degrees now warmly opposes it, as 'fit only to breed a hybrid class of beings without the virtues of either man or woman, but with all the faults of both sexes.'"

Your obedient servant,
J. C. ORCHARD, M.R.C.S. Ed.

Kingussie, Inverness-shire, Nov. 15th, 1873.

UNQUALIFIED ASSISTANTS.

A Surgeon, who gives neither his name nor address, complains that an Edinburgh graduate protects an unqualified assistant in charge of a branch practice, the name of the unqualified practitioner appearing on the same lamp with that of the graduate.

A CORRESPONDENT, whose signature, apparently intended to be in Greek characters, we find it impossible to decipher, is advised to give nitre a trial.

COMMUNICATIONS, LETTERS, &c., have been received from—Prof. Humphry, Cambridge; Dr. L. Beale, London; Dr. Pettigrew, Edinburgh; Mr. Tily, Richmond; Mr. R. Birch, London; Mr. Mayham, Dover; Mr. G. Oldfield, Norwich; Mr. Parker, Trowbridge; Mr. Timson, Warwick; Mr. Hughes, Carnarvon; Dr. MacEvers, Cork; Mr. C. Smith, Maidstone; Mr. Benson, Hull; Mr. Vachell, Cardiff; Mr. Salmon, Liverpool; Mr. Arthur, Hammersmith; Rev. C. H. Carlisle, Hollinsclough; Mrs. Mann, London; Mr. Bamford, Haverfordwest; Mr. Smith, Shepton Mallet; Mr. Fisher, Bawtry; Mr. Mason, Uppingham; Mr. Grayson, Rayleigh; Mr. Kesteven, Leeds; Dr. Meadows, London; Dr. Cory, Boulogne; Mr. South, Coleford; Mr. Grant, Birmingham; Mr. Warren, Oundle; Dr. Thomson, Oldham; Dr. Harvey, Aberdeen; Mr. Waugh, Berkhampstead; Dr. Von Cavania, Leeds; Mr. Adams, Peckham; Mr. Malcolm, Finchley; Mr. Hall, London; Mr. Blair, Alnwick; Mr. Mardock, Chichester; Dr. Gwynn, Hampstead; Dr. Sheen, Cardiff; Mr. Hare, Whitstable; Mr. Le Neve Foster, London; Mr. Cutcliffe, Devonport; Mr. Brown, London; Mr. Leckie, Pontypridd; Dr. Allison, Bridlington; Dr. Ward, Blyth; Dr. Jay, Chippenham; Mr. C. Witt, London; Mr. G. Cowell, London; Mr. Swann, Gourock; Dr. Wood, Gloucester; Mr. Ingpen, London; Mr. W. Raven, Edgbaston; Mr. Crook, Buxton; Mr. Sleigh, Hull; Mr. H. Russell, Edinburgh; Dr. Wynter, London; Mr. Duncan, Bristol; Mr. Hirons, Bournemouth; Miss West, Gravesend; Mr. White, Manchester; Mr. Croom, Nottingham; Dr. Squarey, London; Mr. Reynolds, Great Grimsby; Mr. Preston, London; Mr. Meadowcroft, Colchester; Mr. W. Bourke, Edinburgh; Mr. Croson, Exmouth; Mr. Ramsay, Hutton Buscel; Mr. C. d'Etchegoyen, Richmond; Mr. Thorpe, Truro; Mr. Boyle, Gateshead; Mr. Douglas, Aberdeen; Mr. Johns, Ware; Mr. Orme, Beverley; Mr. Evans, Birmingham; Mr. Crofton, Catford Bridge; Mr. Beaumont, Reigate; Mr. Lane, Shrewsbury; Mr. Peele, Weston-super-Mare; Mr. Hynes, Nottingham; Mr. Cameron, Sugwas Court; Dr. Ewart, Calcutta; Mr. B. Tomlin, York; Dr. Atkinson, Bampton; Mr. Craven, Thrapstone; Mr. Ward, Macclesfield; Mr. Lavers, Cambridge; Mr. Swale, Sheerness; Rev. E. J. Hunt, Bampton; Justitia; R. B. O.; Medicus; J. J.; Indignans; Rectus; Sacul; B. J. G.; Camford; Country Surgeon; Anxiety; Jupiter; Medico; A Surgeon; M. K.; J. H.; The Secretary of St. Peter's Hospital; J. L.; Incertus; Physician; Medical Staff; A General Practitioner; M.R.C.S.; Ultima Thule; A Flaneur; &c. &c.

Manchester Guardian, *Liverpool Daily Albion*, and *Dublin Evening Mail* have been received.

METEOROLOGICAL READINGS

(*Taken by Steward's Instruments*).

THE LANCET OFFICE, NOV. 20TH, 1873.

Date.	Barometer reduced to Sea Level, and 32° F.	Direction of Wind.	Wet Bulb.	Dry Bulb	Solar Radia. in Vacuo	Max. Temp. Shade	Min. Temp.	Rainfall.	Remarks at 8 A.M.
Nov. 14	29·98	S.E.	40	42	...	49	32	...	Overcast
" 15	30·33	E.	41	44	...	48	40	...	Fine
" 17	30·49	N.E.	42	43	...	46	41	...	Overcast
" 18	30·38	N.E.	43	44	...	46	42	...	Overcast
" 19	30·26	S.E.	44	45	...	48	42	...	Overcast
" 20	30·17	S.E.	41	44	...	...	42	...	Overcast

Medical Diary of the Week.

Monday, Nov. 24.

ROYAL LONDON OPHTHALMIC HOSPITAL, MOORFIELDS.—Operations, 10½ A.M.
ROYAL WESTMINSTER OPHTHALMIC HOSPITAL.—Operations, 1½ P.M.
GUY'S HOSPITAL.—Operations on the Eye, 1½ P.M.
ST. MARK'S HOSPITAL.—Operations, 9 A.M. and 2 P.M.
METROPOLITAN FREE HOSPITAL.—Operations, 2 P.M.
MEDICAL SOCIETY OF LONDON (11, Chandos-street, W.)—8 P.M. Dr. Sansom, "On a Case of Mitral Stenosis with Presystolic Murmur (with Specimen)"; "Cases of Exudation treated by the Aspirator." — Mr. Jabez Hogg: "Cases of Arrested Development of Left Eye," "Obliterated Lachrymal Duct in a Child of three years," "Multilocular Cyst in Neck of Child of fourteen months cured by Seton."

Tuesday, Nov. 25.

ROYAL LONDON OPHTHALMIC HOSPITAL, MOORFIELDS.—Operations, 10½ A.M.
ROYAL WESTMINSTER OPHTHALMIC HOSPITAL.—Operations, 1½ P.M.
GUY'S HOSPITAL.—Operations, 1½ P.M.
WESTMINSTER HOSPITAL.—Operations, 2 P.M.
NATIONAL ORTHOPÆDIC HOSPITAL.—Operations, 2 P.M.
WEST LONDON HOSPITAL.—Operations, 3 P.M.
ROYAL MEDICAL AND CHIRURGICAL SOCIETY.—8½ P.M. Dr. Gee, "On a Case of Renal Calculi."—Dr. Snow Beck, "On a Case of Fatty Degeneration of the Contractile Tissue of the Uterus," and "On Cauliflower Excrescence of the Os Uteri."

Wednesday, Nov. 26.

ROYAL LONDON OPHTHALMIC HOSPITAL, MOORFIELDS.—Operations, 10½ A.M.
MIDDLESEX HOSPITAL.—Operations, 1 P.M.
ST. MARY'S HOSPITAL.—Operations, 1½ P.M.
ROYAL WESTMINSTER OPHTHALMIC HOSPITAL.—Operations, 1½ P.M.
ST. BARTHOLOMEW'S HOSPITAL.—Operations, 1½ P.M.
ST. THOMAS'S HOSPITAL.—Operations, 1½ P.M.
KING'S COLLEGE HOSPITAL.—Operations, 2 P.M.
GREAT NORTHERN HOSPITAL.—Operations, 2 P.M.
UNIVERSITY COLLEGE HOSPITAL.—Operations, 2 P.M.
LONDON HOSPITAL.—Operations, 2 P.M.
SAMARITAN FREE HOSPITAL FOR WOMEN AND CHILDREN.—Operations, 2½ P.M.
CANCER HOSPITAL.—Operations, 3 P.M.

Thursday, Nov. 27.

ROYAL LONDON OPHTHALMIC HOSPITAL, MOORFIELDS.—Operations, 10½ A.M.
ST. GEORGE'S HOSPITAL.—Operations, 1 P.M.
ROYAL WESTMINSTER OPHTHALMIC HOSPITAL.—Operations, 1½ P.M.
UNIVERSITY COLLEGE HOSPITAL.—Operations, 2 P.M.
ROYAL ORTHOPÆDIC HOSPITAL.—Operations, 2 P.M.
CENTRAL LONDON OPHTHALMIC HOSPITAL.—Operations, 2 P.M.
HUNTERIAN SOCIETY.—8 P.M. Dr. Phillips, "On Retro-Uterine Hæmatocele." Mr. Bivington, "On Psoas Abscess."

Friday, Nov. 28.

ROYAL LONDON OPHTHALMIC HOSPITAL, MOORFIELDS.—Operations, 10½ A.M.
ST. GEORGE'S HOSPITAL.—Ophthalmic Operations, 1½ P.M.
ROYAL WESTMINSTER OPHTHALMIC HOSPITAL.—Operations, 1½ P.M.
GUY'S HOSPITAL.—Operations, 1½ P.M.
ROYAL SOUTH LONDON OPHTHALMIC HOSPITAL.—Operations, 2 P.M.
CENTRAL LONDON OPHTHALMIC HOSPITAL.—Operations, 2 P.M.
CLINICAL SOCIETY OF LONDON. — 8½ P.M. Dr. George Johnson, "On Cases of Temporary Albuminuria, the result of Cold Bathing." — Mr. Henry Arnott, "On a Case illustrating Professor Esmarch's Method of Preventing Loss of Blood during Surgical Operations by means of Elastic Bandaging."—Dr. Cayley, "On a Case of Hæmoptysis."

Saturday, Nov. 29.

HOSPITAL FOR WOMEN, Soho-square.—Operations, 2½ A.M.
ROYAL LONDON OPHTHALMIC HOSPITAL, MOORFIELDS.—Operations, 10½ A.M.
ROYAL WESTMINSTER OPHTHALMIC HOSPITAL.—Operations, 1½ P.M.
ST. BARTHOLOMEW'S HOSPITAL.—Operations, 1½ P.M.
KING'S COLLEGE HOSPITAL.—Operations, 1½ P.M.
ROYAL FREE HOSPITAL.—Operations, 9 A.M. and 2 P.M.
CHARING-CROSS HOSPITAL.—Operations, 2 P.M.

TERMS FOR ADVERTISING IN THE LANCET.

For 7 lines and under	£0	4	6	For half a page	£2 12 0
For every additional line.....	0	0	6	For a page	5 0 0

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Advertisements (to ensure insertion the same week) should be delivered at the Office not later than Wednesday; those from the country must be accompanied by a remittance.

Agent for the Advertising Department in France—
Mons. DE LOMINIE, 208, Rue Grenelle St. Germain, Paris.